

Name
in
Full

Ada V. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

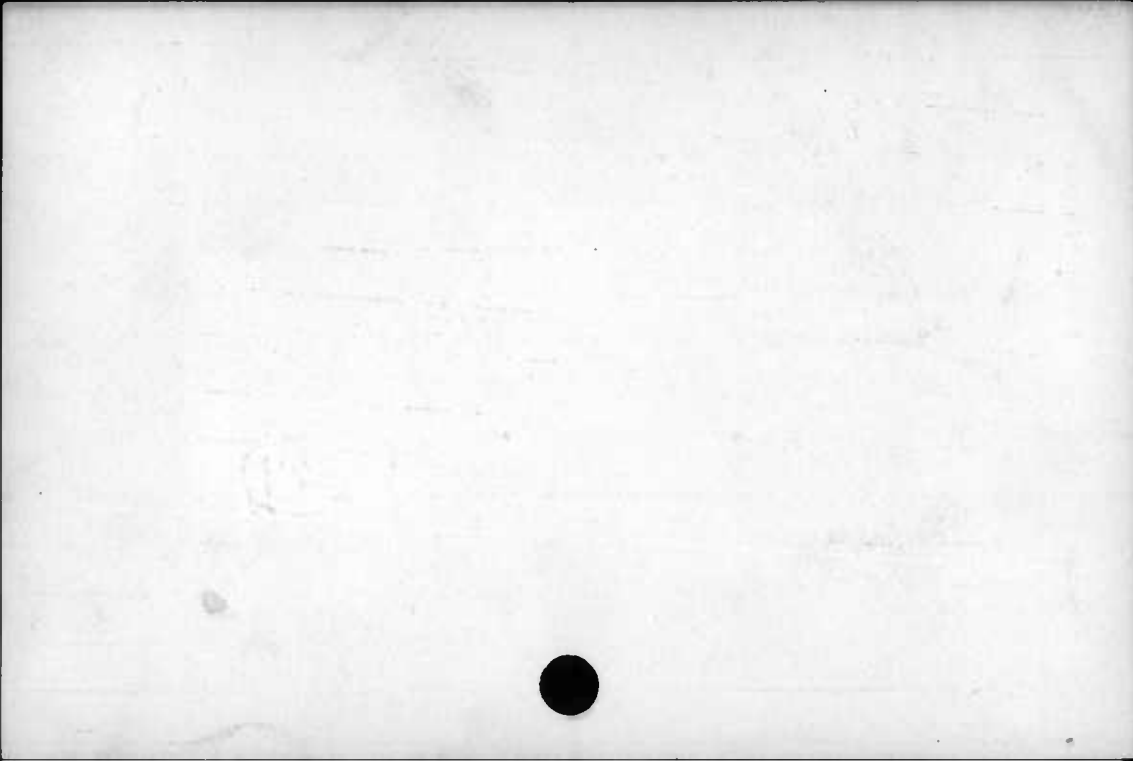
Died at <i>Annapolis</i> ^{Town} <i>Annapolis</i> ^{County} <i>Annapolis</i> ^{MARYLAND}	
Date of death <i>1908</i> ^{Month} <i>March</i> ^{Day} <i>17</i> ^{Age} <i>26</i> ^{Years} <i>0</i> ^{Months} <i>0</i> ^{Days}	
Sex <i>Female</i> ^{Color or Race} <i>Colored</i> ^{Birth-place} <i>North County</i>	
Occupation <i>Domestic</i> ^{Where Residing if not place of death} <i>30 Second St</i>	
Married, Single or Widowed <i>Married</i> ^{Name of Wife or Husband} <i>Adams</i>	
Father's Name <i>Jos Geo Pickin</i> ^{Father's Birthplace} <i>England</i>	
Mother's Maiden Name <i>Nannie Thompson</i> ^{Mother's Birthplace} <i>Md.</i>	
Name of person giving information <i>Adams</i> ^{How related to deceased} <i>husband</i>	

CAUSES OF DEATH

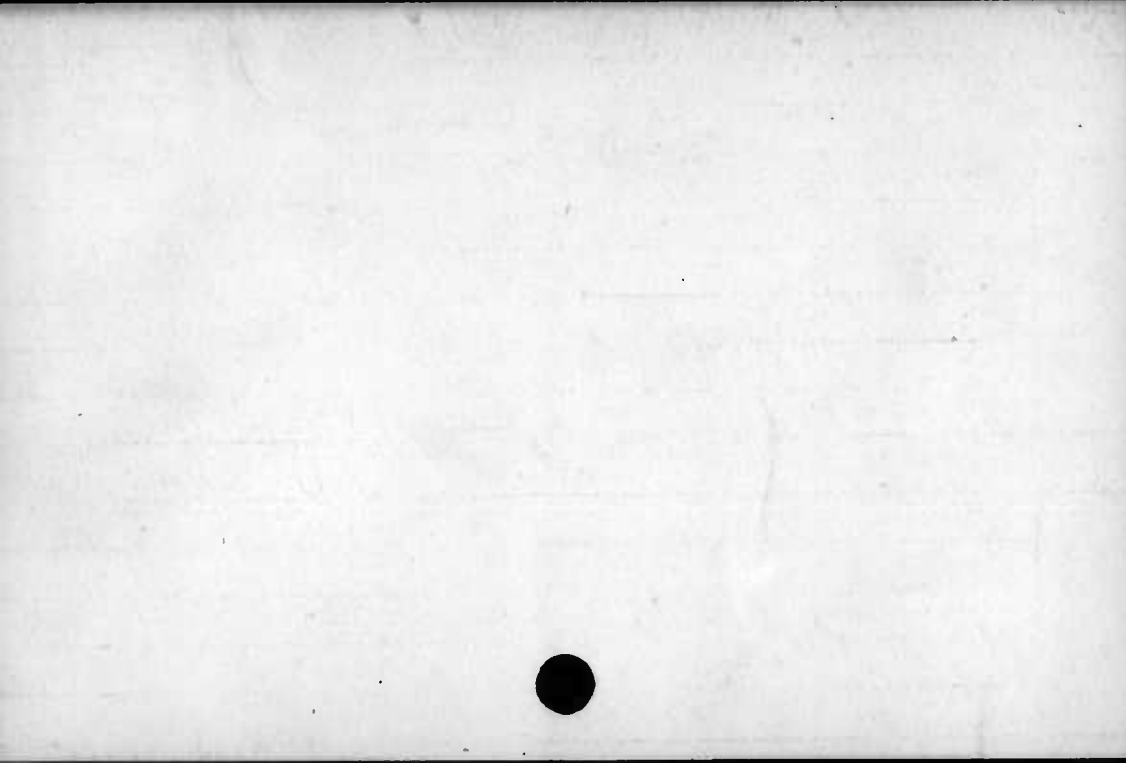
27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i> ^{How long} <i>2 years</i>	
Immediate <i>Exhaustion</i> ^{How long}	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. H. [unclear]</i>
	Address <i>Annapolis</i>
	<i>Maryland</i>
Accident or Suicide? <i>7</i>	



Name In Full		Evelyn Kelly Arnold.				CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Annapolis Md.		^{County} A. A. County		MARYLAND									
		Date of death	1908	Month	March	Day	11 th	Age	4						
		Sex		Female		Color or Race		White							
		Occupation				Birth-place		Annapolis Md							
						Where Residing if not at place of death		# 111 Church St. City.							
		Married, Single or Widowed				Name of Wife or Husband									
		Father's Name				John Richard Arnold		Father's Birthplace		A. A. County Md					
		Mother's Maiden Name				Mabel Brown Haulon Arnold		Mother's Birthplace		Annapolis Md					
		Name of person giving information				Mrs. H. T. Robinson		How related to deceased		Cousin					
		CAUSES OF DEATH						(61)							
PHYSICIAN OR CORONER		Primary				Meningitis				How long		Ten days			
		Immediate				Asthenia				How long		One day			
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician				Geo. Wells	
		Accident or Suicide?				No				Address				Annapolis Maryland	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1908

March

29th

Age

Years

Months

Days

Sex

Color or Race

Birth-place

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

Still-born

PHYSICIAN
OR CORONER

Primary

Immediate

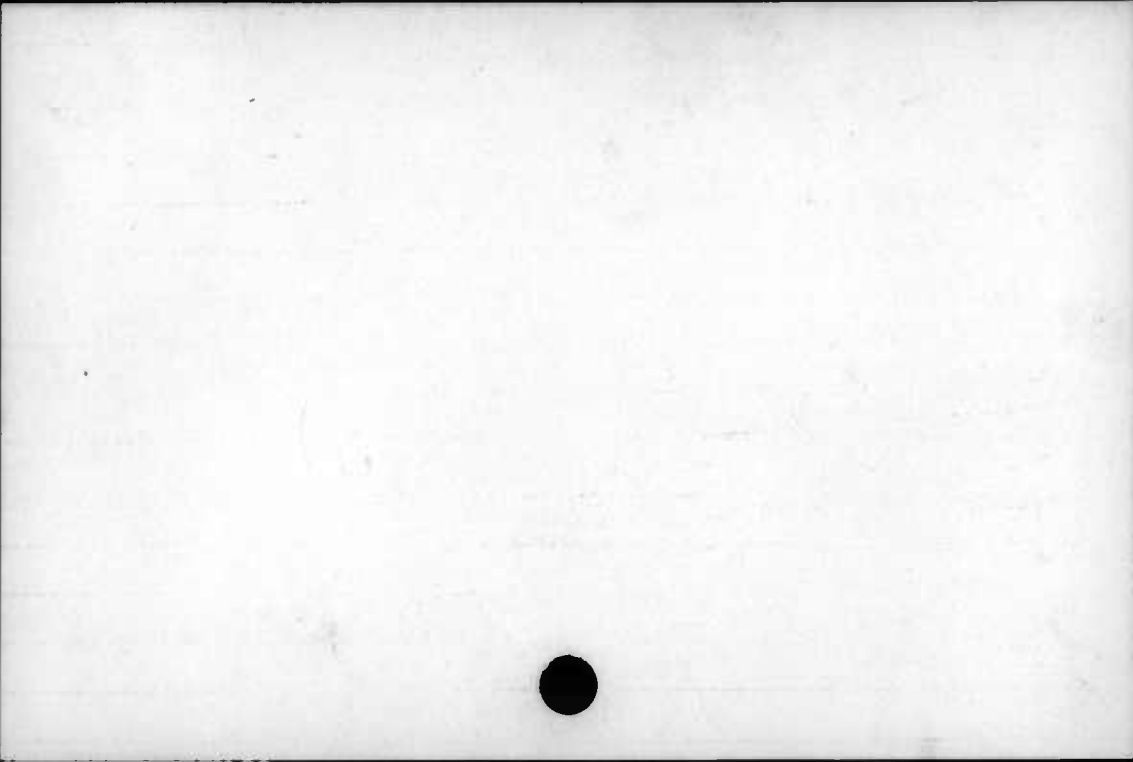
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

CAUSES OF DEATH

Signature of Physician

Address



Name
in
Full

Thomas O. Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

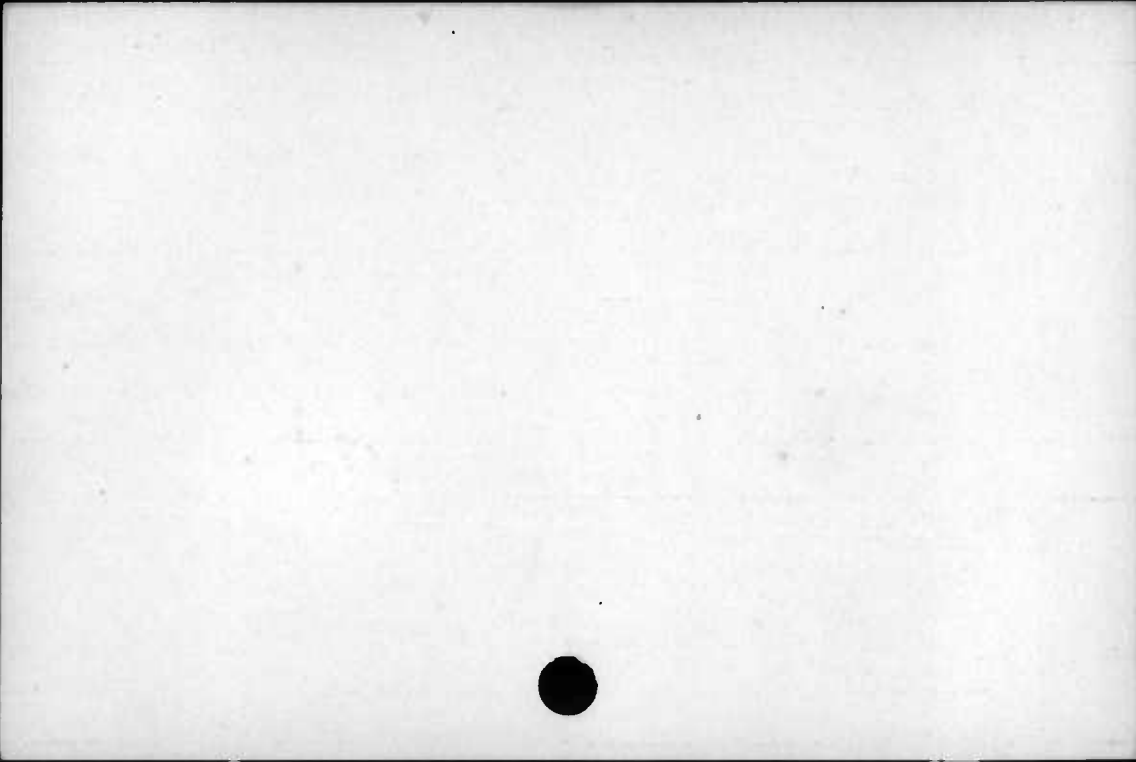
Died at		County home		County Anne Arundel		MARYLAND	
Date of death		1908	Month March	Day 9	Age 95	Years	Months
Sex		Male		Color or Race		White	
Occupation		Mechanic		Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Unknown	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Clwinis Lewis		How related to deceased		No relation	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Old age	How long	
Immediate	Dysentery	How long	1 year
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John Collinson	
Address		South River	
Accident or Suicide?		No	



Name
in
Full~~Elice~~ K. Ellis K. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

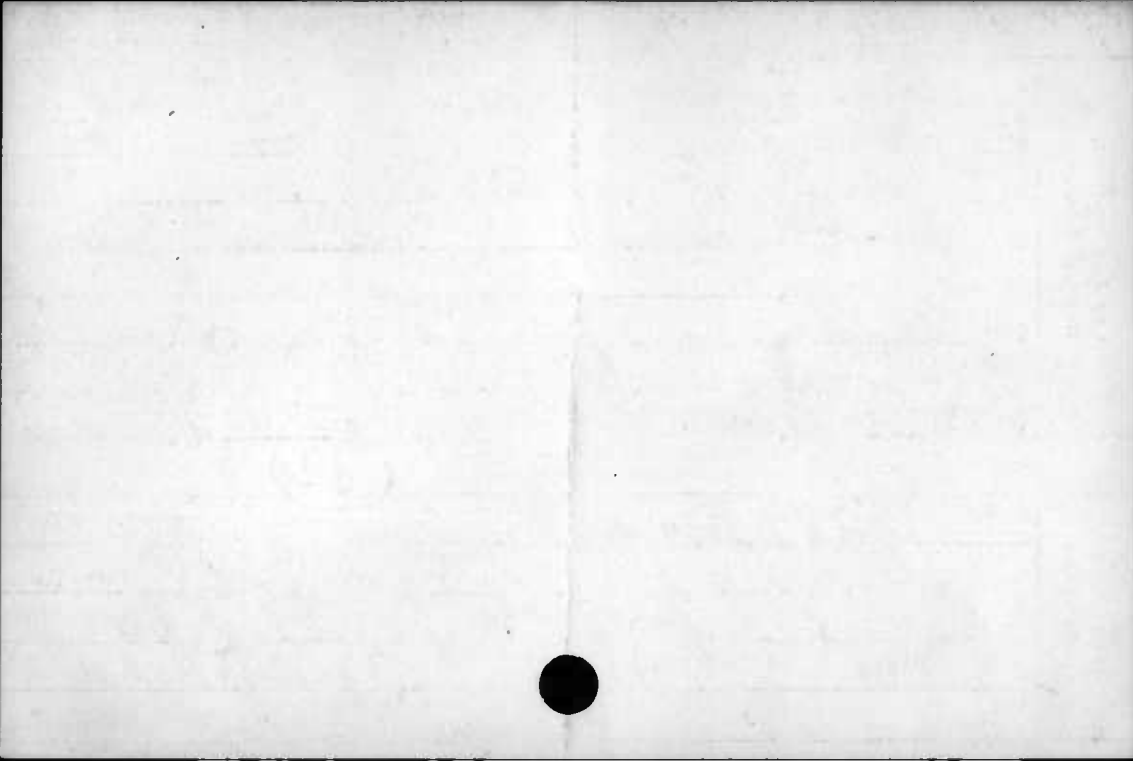
Died at ^{Town} Brooklyn		^{County} Anne Arundel		MARYLAND	
Date of death	1908	Month	March	Day	12
Age		Years	6	Months	24
Sex	Male	Color or Race	White	Birth-place	Brooklyn Ind
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	David E. Bennett			Father's Birthplace	Ind
Mother's Maiden Name	Laura V. Lowman			Mother's Birthplace	Ind
Name of person giving information	David E. Bennett			How related to deceased	Father

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Dentition	How long	3 weeks
Immediate	Brachial pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		V. H. Hancock	
Address		1228 S. C. Howard	
Accident or Suicide?		No, 1228 S. C. Howard	



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

aa. County

MARYLAND

Age _____ Years _____

Months

Days

Color or Race Colored

Birth-
place *Amherst*

Where Residing if not
at place of death *Washington*

Name of Wife or Husband *Yvonne*

Father's Birthplace *Amesbury*

Mother's Birthplace *Waltham, Mass.*

How related to deceased *Father*

CAUSES OF DEATH

low long

Immediate

426

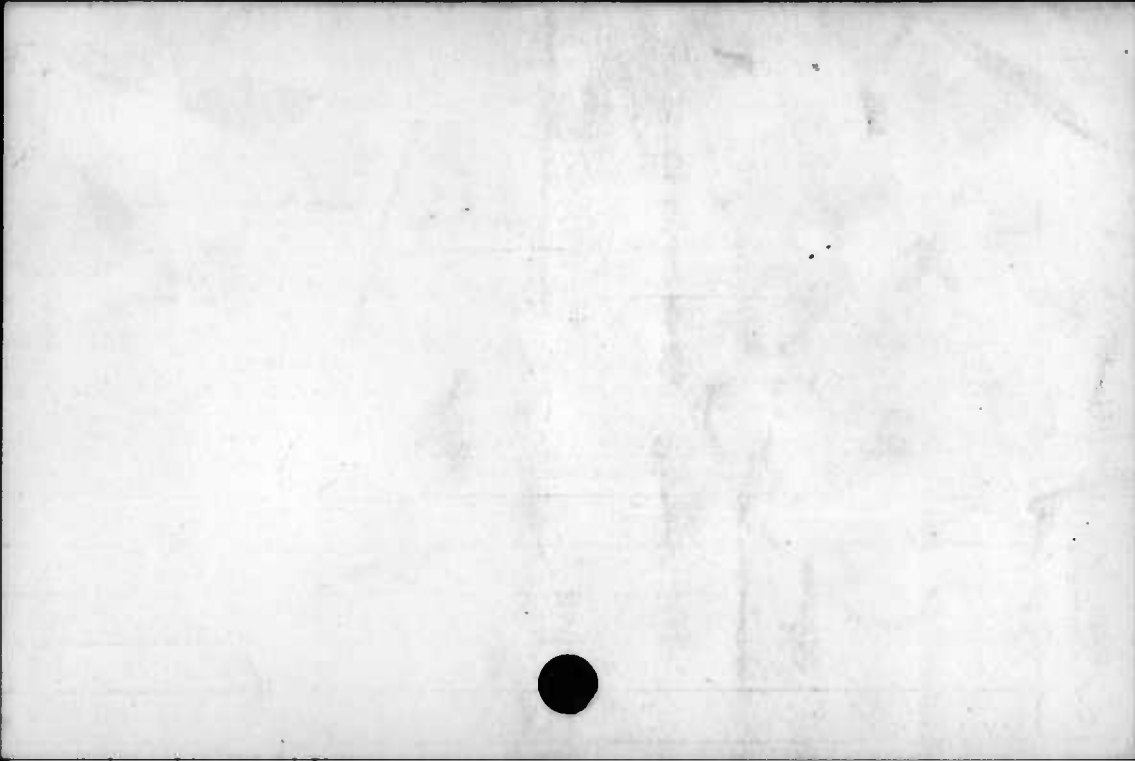
Signature of Physician

Address

Accident or Suicide?

HD

Dr. D. Kaper
60 Cathedral
Amesbury.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Brown</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>County home</i>		Town		County	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>20</i>	
Age <i>56</i>		Years		Months	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Owings Lewis</i>		How related to deceased <i>No relation</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>5 days</i>
Immediate <i>Coma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Collinson</i>
	Address
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

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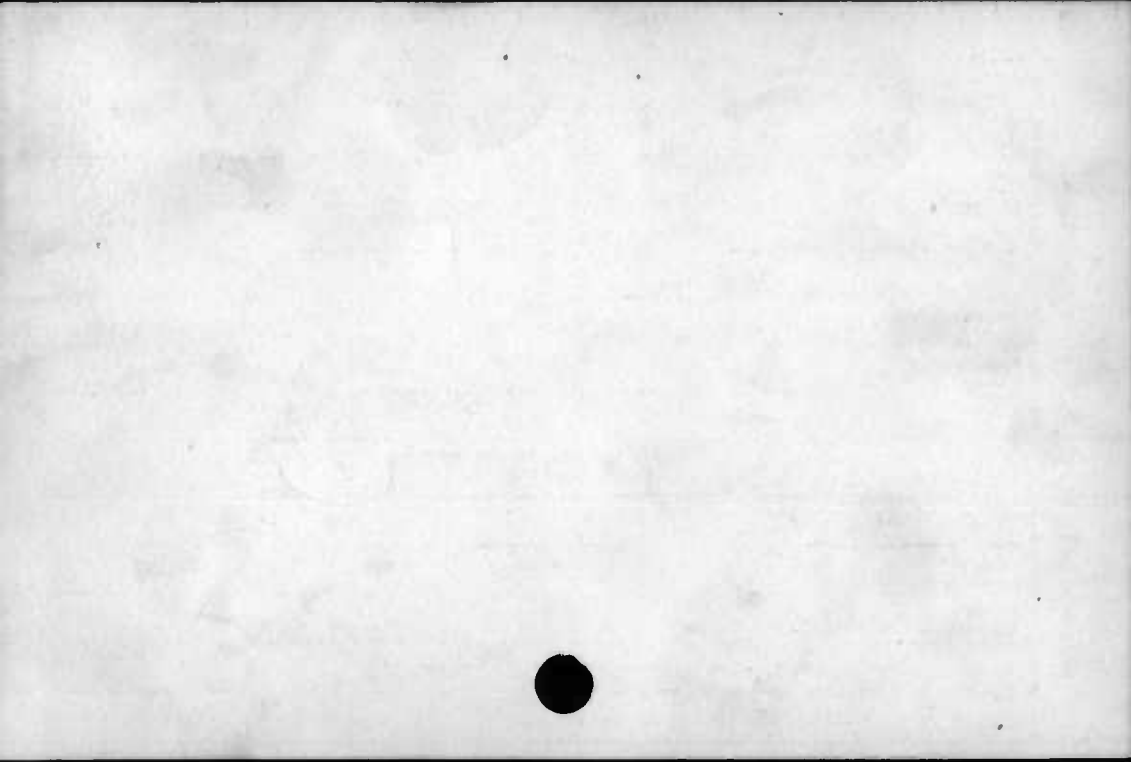
Name <i>William Campbell</i>		Town <i>Annapolis</i>		County <i>St. Anne</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Age <i>40</i>		Months <i>one</i> Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>			
Occupation <i>Waterman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary C. Campbell</i>					
Father's Name <i>James Campbell</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary C. Muller</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Wm C. Campbell</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long
Immediate <i>Central Apoplexy attacks</i>	How long <i>Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John P. Purvis</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>no</i>	<i>Maryland</i>



Name

in
Full

William Thomas Carless,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Naval Hospital, Annapolis, Anne Arundel</i>		County <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Mar.</i>	Day <i>5</i>	Age <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Wheeling W. Va.</i>	
Occupation <i>Private, U.S. Marine Corps</i>	Where Residing if not at place of death <i>Marine Barracks, Annapolis, Md.</i>		
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Naval records.</i>	How related to deceased <i>—</i>		

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary <i>Rupture of Bladder</i>	How long <i>4 days</i>
Immediate <i>General Peritonitis</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs.</i>	Signature of Physician <i>Edw. Vickery P. A. Surgeon</i>
	Address <i>U.S. Naval Hospital, Annapolis, Md.</i>
Accident or Suicide?	

10-
31 13
18
29

Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

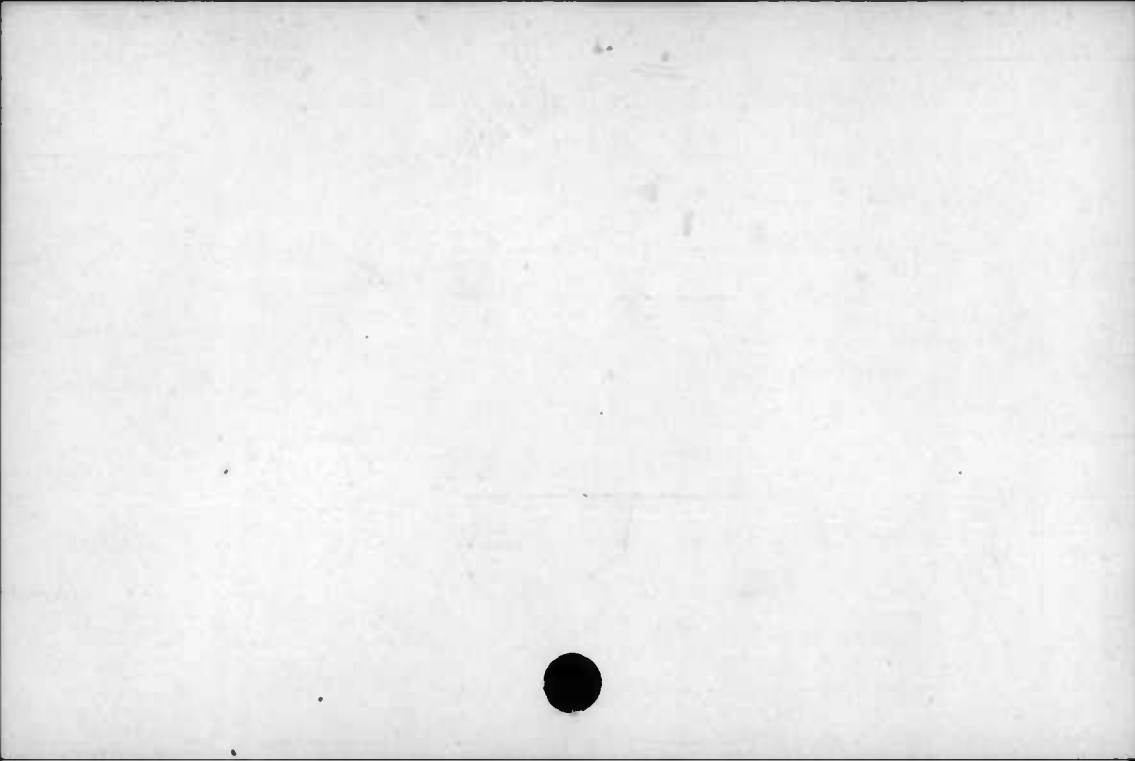
Name in Full John Wesley Clark		Tcwn Severna		County Amherst		State MARYLAND	
Died at Severna		Date of death 1908		Age 76		Months 8	
Month 3		Day 21		Years 76		Days 14	
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Farmer		Where Residing if not at place of death —					
Married, Single or Widowed Widower		Name of Wife or Husband Sarah J. Clark					
Father's Name Benjamin Clark		Father's Birthplace Maryland					
Mother's Maiden Name Miranda Pearce		Mother's Birthplace Maryland					
Name of person giving information Asbury Clark		How related to deceased Son					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Interstitial Nephritis	How long	6 months
Immediate	Uræmic poisoning	How long	10 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. Hammond	
		Address Jessup, Md.	
Accident or Suicide? No			



Name
in
Full

Severn A. Collins

CERTIFICATE OF DEATH

Died at 3^d dist. Town A. A. County

MARYLAND

Date of death 1908 Month Inch Day 7 Age 70 Years Months Days

Sex Male Color or Race white Birth-place Eastern Shore^{2nd}

Occupation Sailor Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Emma Rogers

Father's Name Not known Father's Birthplace Unknown

Mother's Maiden Name Not known Mother's Birthplace Unknown

Name of person giving information Wm. Collins How related to deceased Son

CAUSES OF DEATH

93

Primary Pneumonia How long 9 days

Immediate Heart failure How long a few hours

Are the name, age, sex, color, date and place correctly given above?

yes

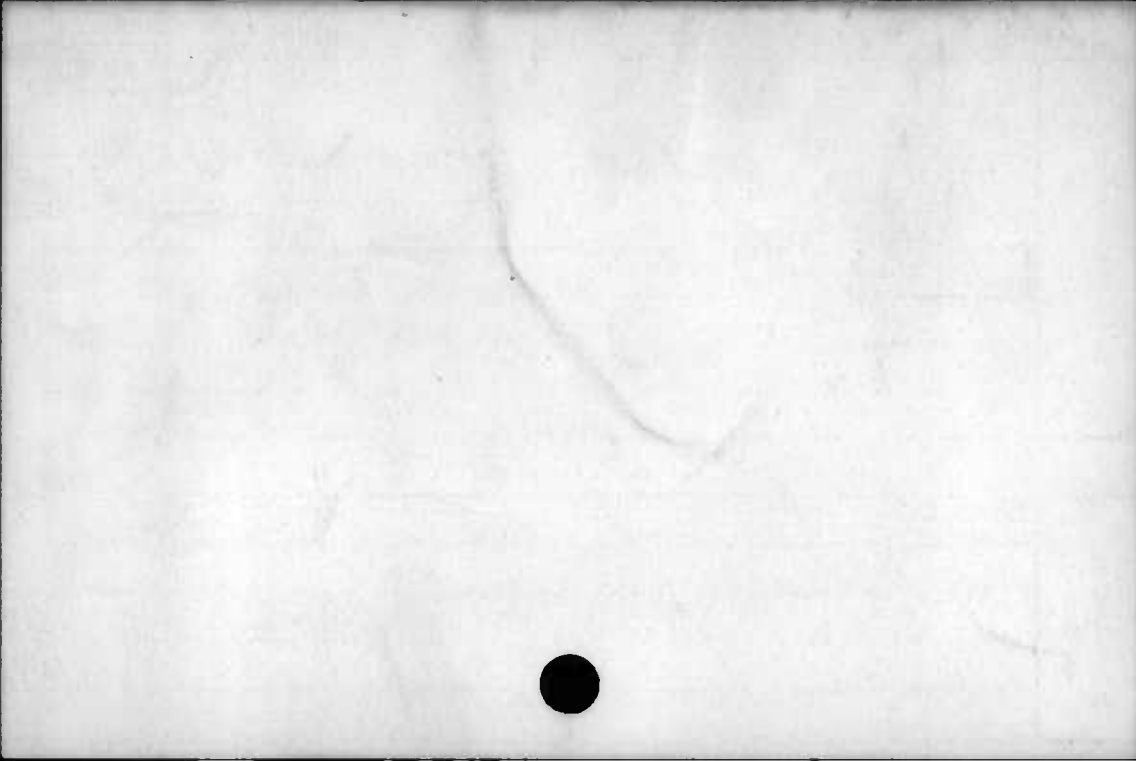
Signature of Physician

Address

J. S. Ridout
Annapolis Md.
R. F. S. No. 1

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Ella Ball Collison				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Marys		Anne Arundel		MARYLAND	
	Date of death	1908	March	30	Age	50	
	Sex	Female		Color or Race	White		Birth-place
	Occupation	House keeper		Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband			
	Frank Collison						
	Father's Name	Benjamin Ball				Father's Birthplace	Maryland
Mother's Maiden Name	Priscilla Gaylor				Mother's Birthplace	Maryland	
Name of person giving information	Mrs Papham				How related to deceased	Niece	
<div>CAUSES OF DEATH</div> <div>66</div>							
PHYSICIAN OR CORONER	Primary	Paralysis				How long	6 months
	Immediate	Coma				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	John Collison
	Address	South River Md.					
Accident or Suicide?							



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

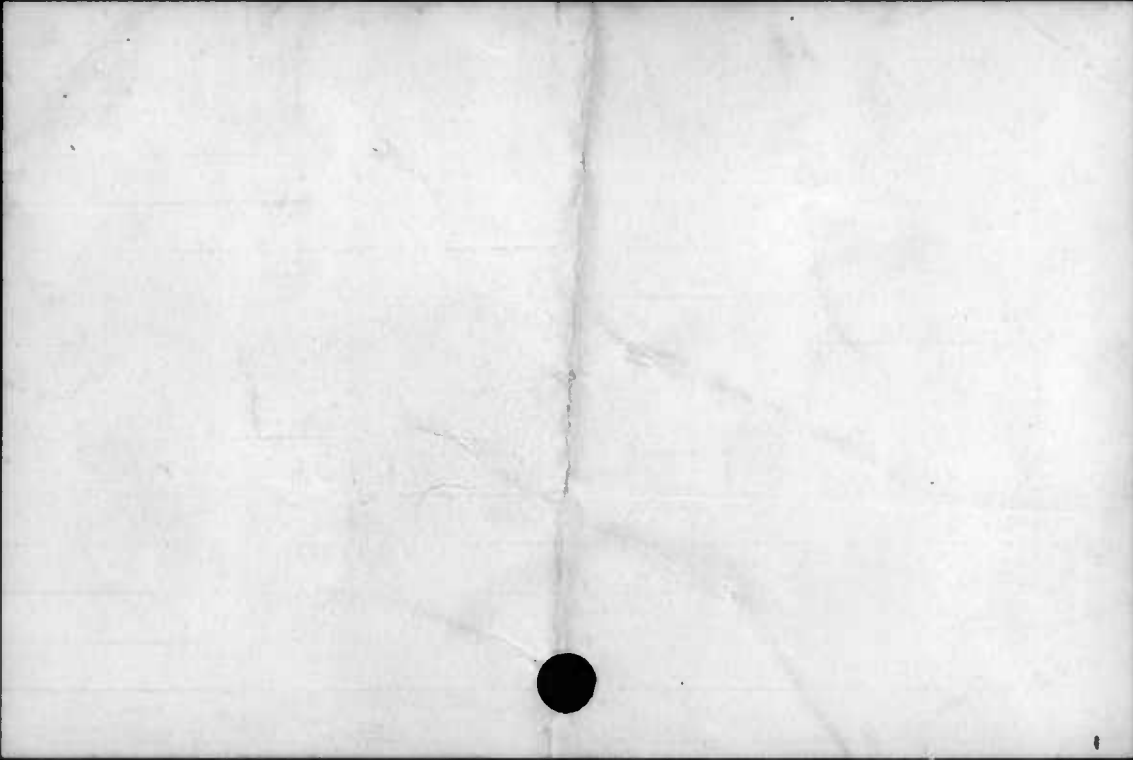
Died at <i>Annapolis</i> ^{Town}		<i>a.a.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>30</i>
Age	<i>41</i>	Years	<i>41</i>	Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Colord.</i>	Birth-place	<i>Camp. Pole - Md</i>
Occupation	<i>Domestic</i>	Where Residing if not at place of death <i>63 Acton St.</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Aaron Diggs</i>			
Father's Name	<i>Elias Lurn.</i>	Father's Birthplace <i>Camp. Parole. Md</i>			
Mother's Maiden Name	<i>Ellen Parker</i>	Mother's Birthplace <i>Mt. Tabor, Md</i>			
Name of person giving information	<i>Aaron Diggs</i>	How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>Sudden</i>
Immediate	<i>Heart Failure</i>	How long	<i>Death</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>yes</i>		Address <i>Annapolis Md.</i>	
Accident or Suicide?			



Name
in
Full

Wm Ennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>29</i>	Age <i>75</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Not known</i>		
Occupation <i>Not known</i>			Where Residing if not at place of death <i>Brooklyn</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Not known</i>			
Father's Name <i>Not known</i>			Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Not known</i>		
Name of person giving information <i>Samuel Smith</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 years</i>
Immediate	<i>Chorea</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. H. Schell</i>	
		Address <i>South Baltimore</i>	
Accident or Suicide?		<i>XX</i>	

00219

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

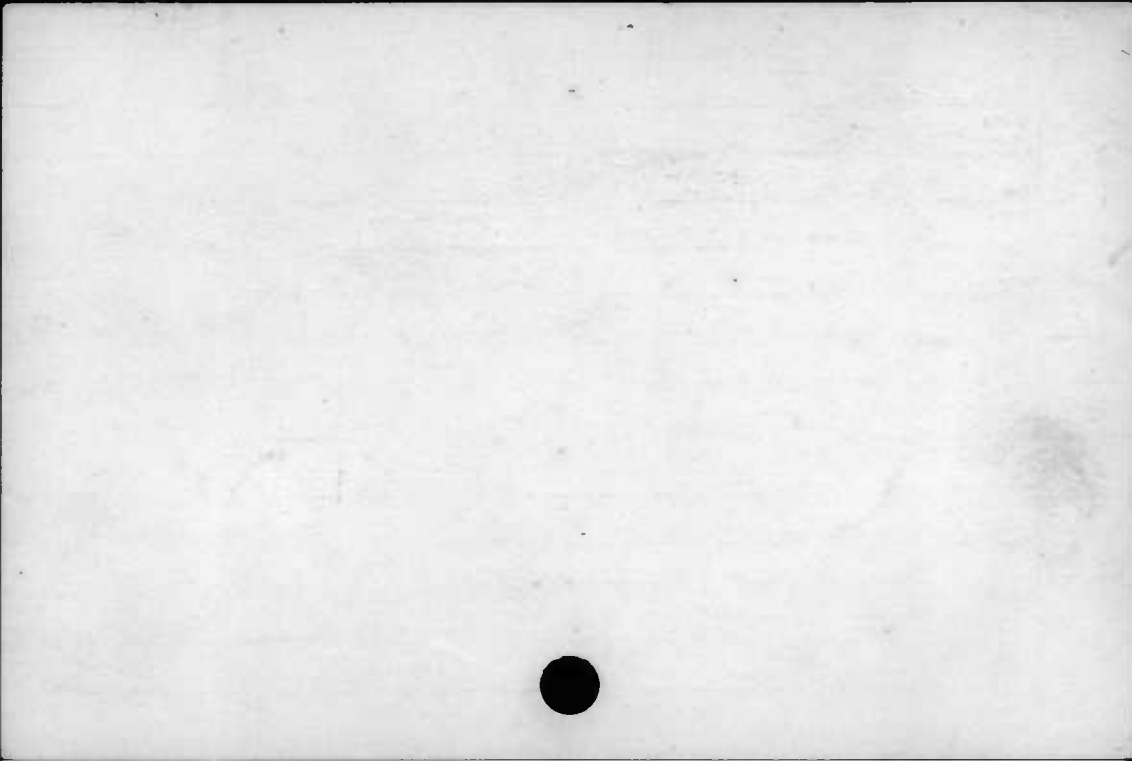
Joseph Franklin
Died at *Near Bristol* ^{Town} *a. a.* ^{County}
Date of death *1908* ^{Month} *3* ^{Day} *9* Age *50* ^{Years} Months Days
Sex *Male* Color or Race *Colored* Birth-place *md*
Occupation *Farmer* Where Residing if not at place of death *—*
Married, Single or Widowed *Widowed* Name of Wife or Husband *Josephine Power*
Father's Name *Charles Franklin* Father's Birthplace *md*
Mother's Maiden Name *Unknown* Mother's Birthplace *—*
Name of person giving information *Acoby Franklin* How related to deceased *Son*

CAUSES OF DEATH

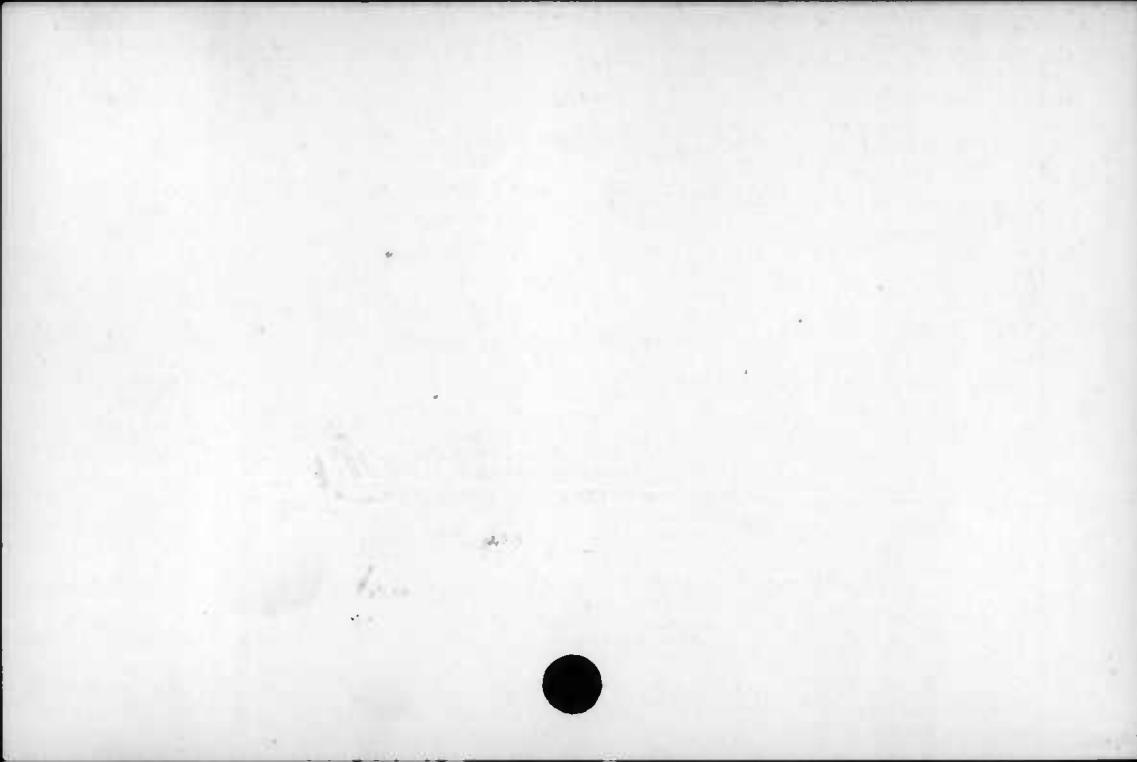
93

PHYSICIAN
OR CORONER

Primary *Pneumonia* ^{How long} *3 weeks*
Immediate *Heart failure* ^{How long}
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Reverdy Jesses*
Address *W. Madboro md*
Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Town		County			
		Died at <i>Dottin's Island, in Magothy River, Anne Arundel MARYLAND</i>					
		Date of death	Month	Day	Years	Months	Days
		<i>1908</i>	<i>March</i>	<i>3</i>	<i>Age About 64</i>	<i>✓</i>	<i>✓</i>
		Sex	Color or Race	Birth-place			
		<i>Male</i>	<i>White</i>	<i>Dorchester Co.</i>			
		Occupation	Where Residing if not at place of death				
<i>Oysterman</i>							
Married, Single or Widowed	Name of Wife or Husband						
<i>Married</i>	<i>Emma Triffin</i>						
Father's Name	Father's Birthplace						
<i>Unknown -</i>	<i>Dorchester Co.</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Unknown -</i>	<i>Dorchester Co.</i>						
Name of person giving information	How related to deceased						
<i>Jefferson M. Cook -</i>	<i>Friend.</i>						
CAUSES OF DEATH							
Primary		How long					
<i>Fracture of Base of Skull</i>		<i>Four days</i>					
Immediate		How long					
<i>Cerebral hemorrhage</i>		<i>24 hours.</i>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
<i>Yes</i>		<i>James S. Bellingshaw MD</i>					
		Address					
		<i>Armist.</i>					
Accident or Suicide?							
<i>Accident</i>		<i>Ma.</i>					



Name
In
Full

Nellie Grant Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Hanover</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>March</i> ^{Day}	<i>12</i> ^{Years}	<i>32</i> ^{Months}	<i></i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Housekeeper</i>		Where Residing if not at place of death	<i>Ortal home</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Basil Hawkins</i>	
Father's Name	<i>Alfred Brown</i>			Father's Birthplace	<i>Anne Arundel Co Md</i>
Mother's Maiden Name	<i>Catherine Adams</i>			Mother's Birthplace	<i>Anne Arundel Co Md</i>
Name of person giving information	<i>Junie Thomas</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Sleep with Typhoid Fever</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. P. Wintersom</i>
		Address	<i>Hanover Md</i>
Accident or Suicide?			



Name
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Full

Thomas Henson

CERTIFICATE OF DEATH

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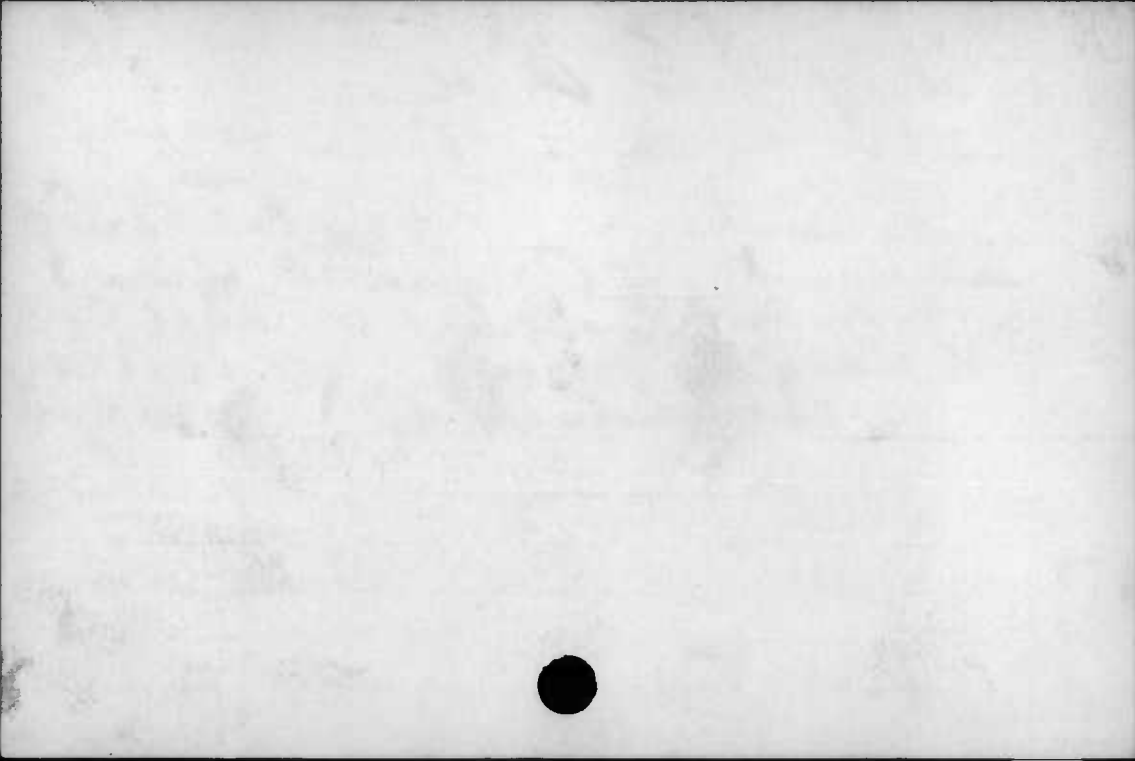
Died at <i>Annapolis</i>		County <i>A.A. Co.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>17</i>	Age <i>26</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Providence R. Island</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>18 Mexican Row</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie Henderson</i>				
Father's Name <i>Moses Henderson (Henson)</i>	Father's Birthplace <i>P. Rode Island</i>				
Mother's Maiden Name <i>Margrett Henderson</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Margrett Henderson (Henson)</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i></i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walton H. Hopkins M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>Homicide</i>	



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

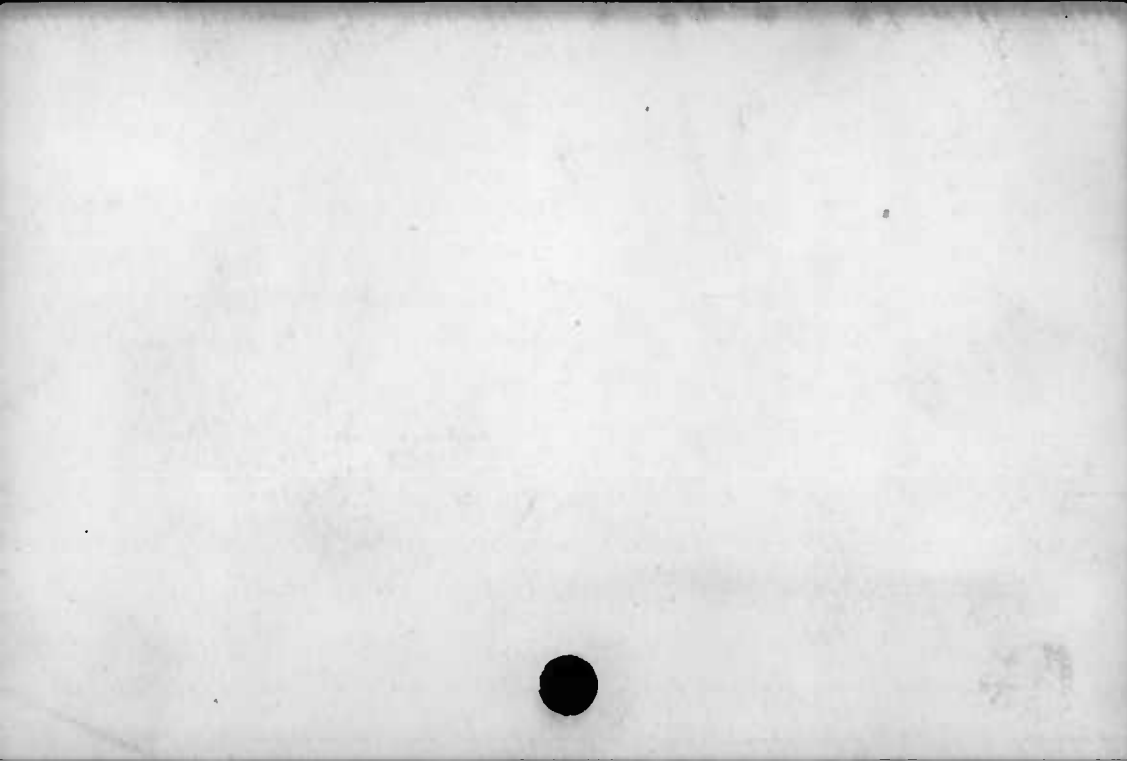
Died at <i>Rosey Holland</i>		County <i>Annapolis A. A.</i>		MAYLAND	
Date of death	1908	Month	June	Day	10
Age	35	Years		Months	
Sex	Female	Color or Race	Colored.	Birth-place	Annapolis
Occupation	Domestic	Where Residing if not at place of death <i>124 Calvert St.</i>			
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Augustus Holland</i>		
Father's Name	<i>John T. Green</i>			Father's Birthplace	<i>A. A. Co Md</i>
Mother's Maiden Name	<i>Caroline Jones</i>			Mother's Birthplace	<i>A. A. Co Md</i>
Name of person giving information	<i>Augustus Holland</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

(1140)

Primary	<i>Child Birth</i>	How long	<i>Six hours</i>
Immediate	<i>Memoria & Heart Failure</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Bidont, Md</i> Address <i>Annapolis</i> <i>W. L. B. Benke Jr. Md</i>		
Accident or Suicide?	<i>yes</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Franklin Fursey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1908	Month	March	Day	1	Age
						Years	Months
							Days
Sex		male		Color or Race		Colored	
Occupation		Unknown		Birth-place		Annapolis	
				Where Residing if not at place of death		20 Block St	
Married, Single or Widowed		Single		Name of Wife or Husband		Unknown	
Father's Name		Frank Fursey		Father's Birthplace		3rd District Md	
Mother's Maiden Name		Annie H. Fursey		Mother's Birthplace		3rd District Md	
Name of person giving information		Frank Fursey		How related to deceased		Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Six days
Immediate	Asthenia	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridont M.D.	
		Address	
		Annapolis Md	
Accident or Suicide?			



Name
in
Full

Richard Daniel Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

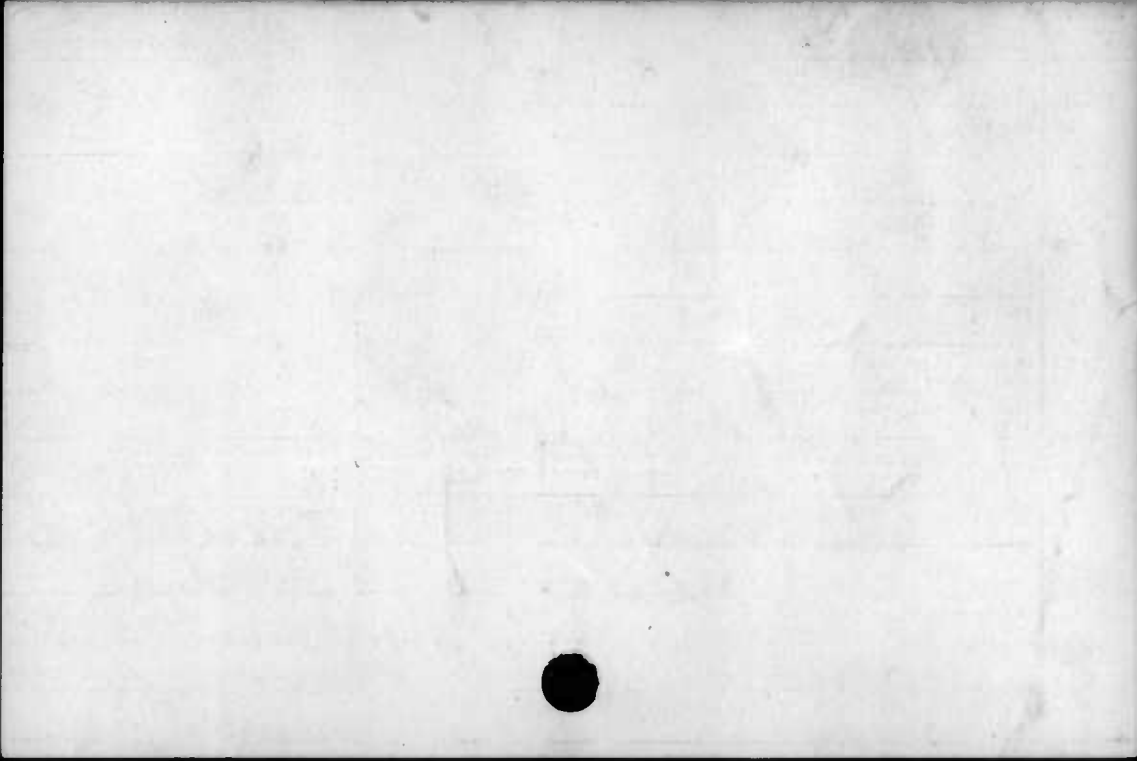
Died at <i>Annapolis</i>		Town <i>A. A.</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>4</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		Months <i>3</i>	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James Jackson</i>		Father's Birthplace <i>A. A. Co. Md.</i>					
Mother's Maiden Name <i>Martha Harrig</i>		Mother's Birthplace <i>A. A. Co. Md.</i>					
Name of person giving information <i>James Jackson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John Ridout, M.D.</i>	
		Address <i>Annapolis Md.</i>	
Accident or Suicide?			



Name in Full Charles E. Johnson		CERTIFICATE OF DEATH	
Died at Annapolis ^{Town}		A-a ^{County}	
Date of death 1908 March 23		Age — Years — Months — Days —	
Sex Male		Color or Race Colord	
Occupation Unknown		Birth-place Annapolis	
Where Residing if not at place of death BAERS Court.			
Married, Single or Widowed Single		Name of Wife or Husband Unknown	
Father's Name Charles E. Johnson		Father's Birthplace Annapolis	
Mother's Maiden Name Caroline Wells		Mother's Birthplace South River	
Name of person giving information Charles E. Johnson		How related to deceased Father	
CAUSES OF DEATH			
Primary Meningitis		How long Several days	
Immediate Asthenia		How long Gradual	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout, M.D.	
Yes		Address Annapolis Md.	
Accident or Suicide?			

Brewer Hill, Cretary.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

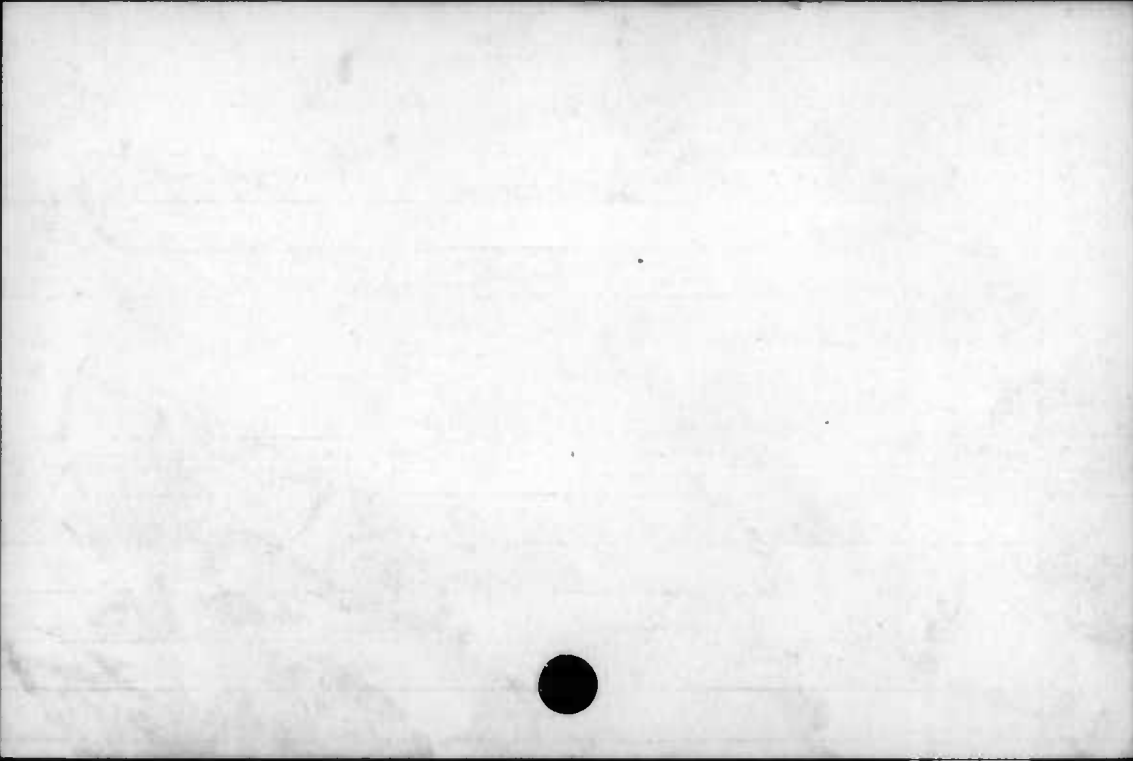
Name in Full Richard Johnson		Town Brown's Woods		County A A		MARYLAND	
Died 1908		Month March		Day 25		Age 18	
Date of death		Sex Male		Color or Race Colored		Birthplace A. A. Co.	
Occupation Laborer				Where Residing if not at place of death Brown's Woods			
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Joseph Johnson				Father's Birthplace A. A. Co.			
Mother's Maiden Name Hurletha Watkins				Mother's Birthplace P. G. Co.			
Name of person giving information William Johnson				How related to deceased Brother-in-law			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	2 months
Immediate	Convolutions	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	P. D. Lucas
		Address	60 Cathedral
			Annapolis Md
Accident or Suicide?	No		



Name
in
Full

William Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

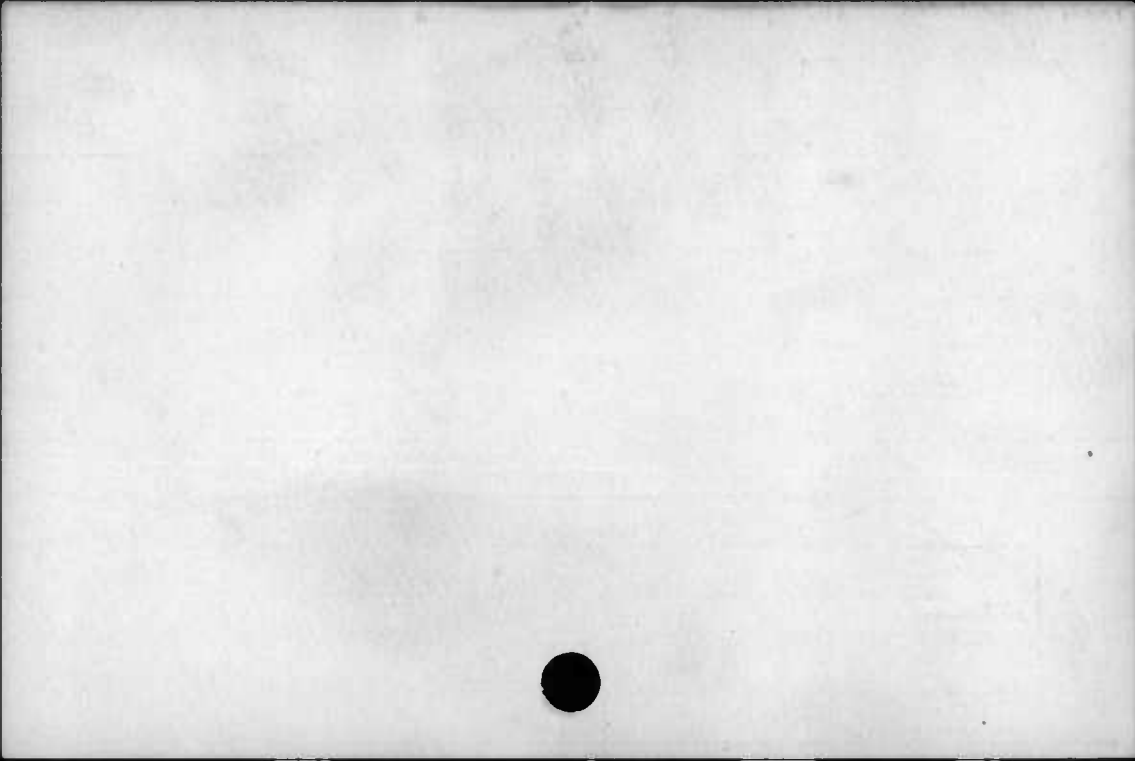
Died at <u>Annapolis</u> <small>Town</small>		<u>Atlee</u> <small>County</small>		<u>MARYLAND</u>	
Date of death <u>1908</u> <small>Month</small> <u>March</u> <small>Day</small> <u>16th</u> <small>Hours</small> <u>about</u> <small>Months</small> <u>69</u> <small>Days</small> <u>yr</u>					
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Atlee Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Belia Little</u>				
Father's Name <u>William Little</u>	Father's Birthplace <u>Atlee Md</u>				
Mother's Maiden Name <u>Matilda Little</u>	Mother's Birthplace <u>Atlee Md</u>				
Name of person giving information <u>Belia Little</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Valvular Disease of the Heart</u>	How long <u>Three months</u>
Immediate <u>Pulmonary congestion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Ridout Jr</u>
	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name
in
Full

Richard Randall Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

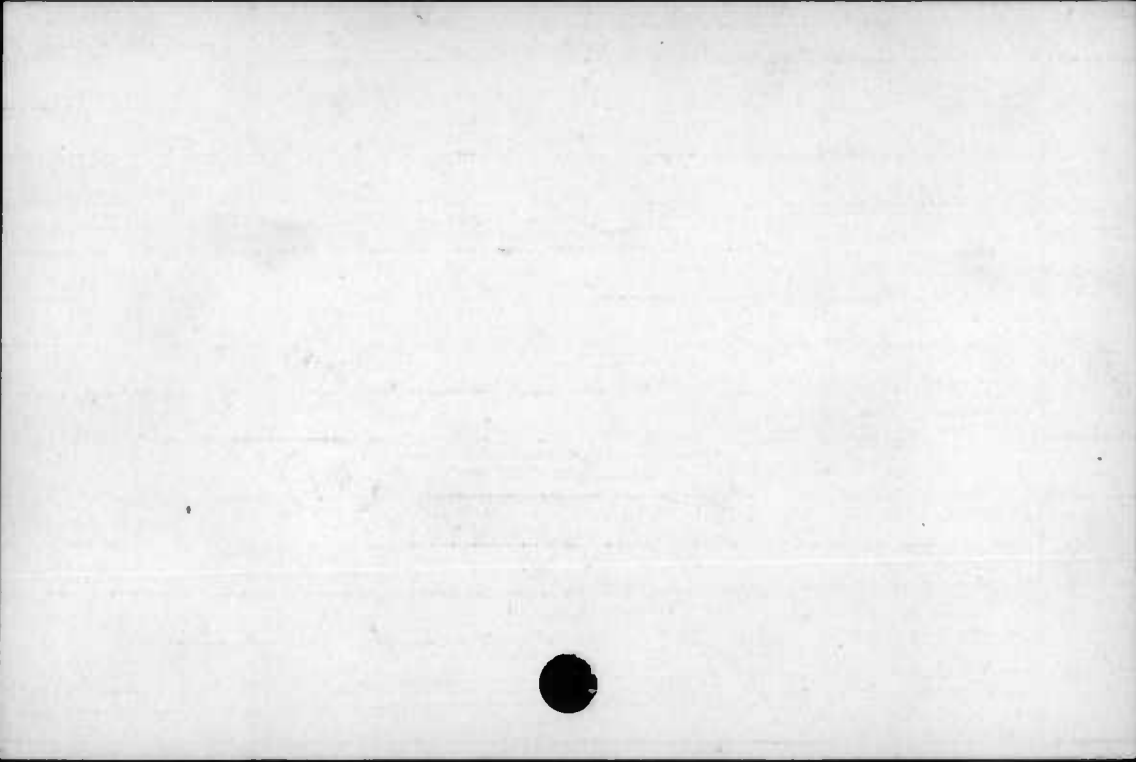
Died at		Town Annapolis		County A A Co.		MARYLAND	
Date of death		190	Month 8	Day 14	Age 76	Years 11	Months 17
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Merchant				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name George L Magruder				Father's Birthplace Annapolis			
Mother's Maiden Name Henrietta R. Scott				Mother's Birthplace Annapolis			
Name of person giving information Misjudge Magruder				How related to deceased Sister in Law			

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary Carcinoma of Large Bowel		How long Long Time	
Immediate Tuberculosis - Hemorrhage - Uræmia		How long 2 or 3 days.	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Purvis	
		Address Annapolis Md.	
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

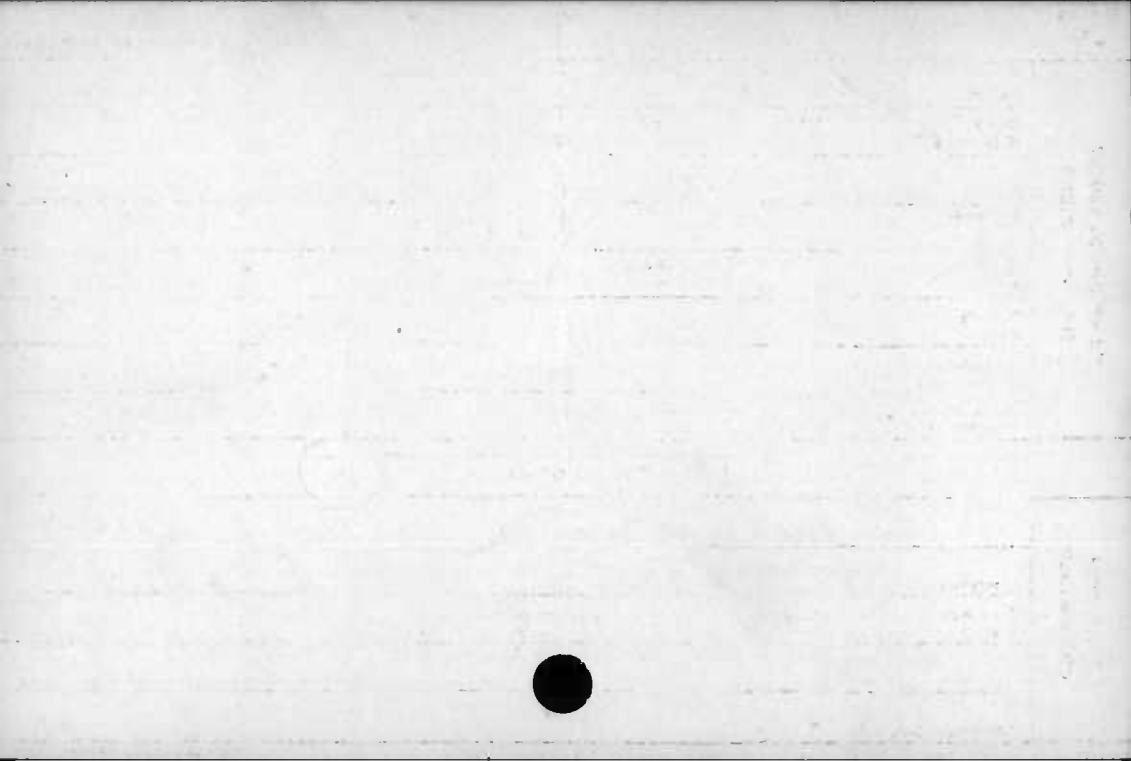
Died at <i>Wellham</i> Town		<i>Anne</i> County		MARYLAND	
Date of death	<i>1908</i> Month	<i>March</i> Day	<i>17</i> Age	<i>1</i> Years	<i>14</i> Months
Sex	<i>Female</i>	Color or Race	<i>Colored</i>		Birth-place
Occupation		<i>none</i>		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>John Matthews</i>		Father's Birthplace	
Mother's Maiden Name		<i>Sarah Brown</i>		Mother's Birthplace	
Name of person giving information		<i>Luther Johnson</i>		How related to deceased	
				<i>Brother</i>	

CAUSES OF DEATH

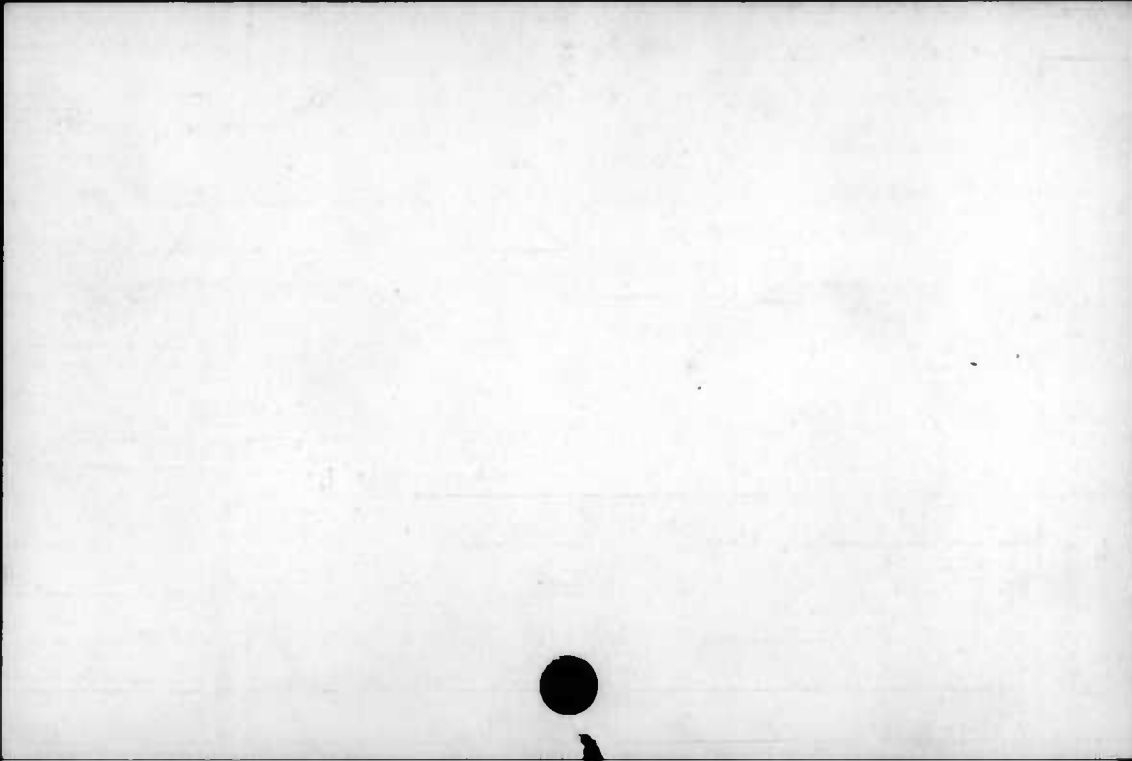
10

PHYSICIAN
OR CORONER

Primary	<i>Brip but En position of the</i>	How long	<i>8 days</i>
Immediate	<i>lung</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. R. Wm. L. L. L.</i>	
		Address	
		<i>Hanover</i>	
		<i>MD</i>	
Accident or Suicide?			



Name in Full		Semmie Owens		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County	
	Date of death		1908	Month	24
	Day		Tuesday	Age	two
	Sex		Female	Color or Race	Colored
	Occupation		Laundry	Birth-place	Annapolis
	Where Residing if not at place of death		46. Fleet st		
	Married, Single or Widowed		Single	Name of Wife or Husband	
	Father's Name		Wm Owens	Father's Birthplace	
Mother's Maiden Name		Semmie Tudell	Mother's Birthplace		
Name of person giving information		Semmie Owens	How related to deceased		
		CAUSES OF DEATH		93	
PHYSICIAN OR CORONER	Primary		Pneumonia		How long
	Immediate		Asthma		How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Six days
	Signature of Physician		John Ridout		Gradual
	Address		Annapolis Md		
Accident or Suicide?					



Name
In
Full

John Walter Petersen

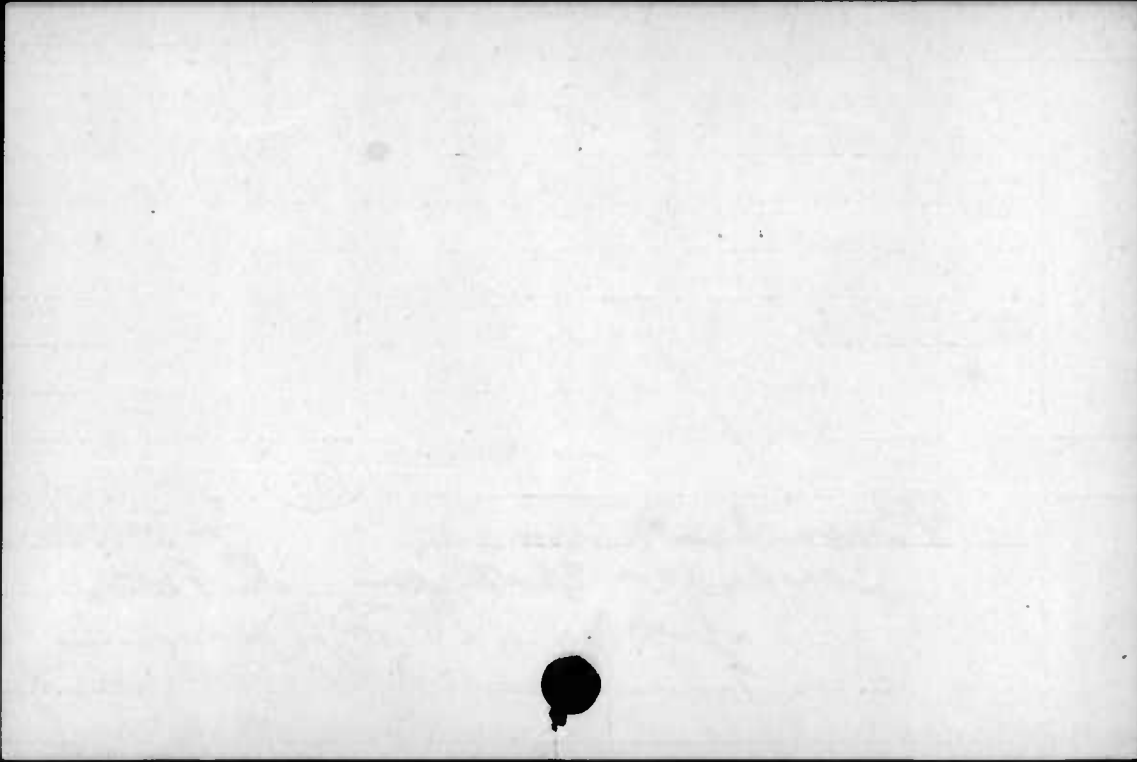
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		March	19th	65	8	16	
Sex	male		Color or Race	white		Birth-place	Calvert Co ^{md}
Occupation	Farmer		Where Residing if not at place of death		Calvert Co		
Married, Single or Widowed	Married		Name of Wife or Husband		Brooke Petersen		
Father's Name	George Petersen				Father's Birthplace	Calvert Co ^{md}	
Mother's Maiden Name	Susan J. Dorsey				Mother's Birthplace	" "	
Name of person giving information	George P. Petersen				How related to deceased	Brother	

CAUSES OF DEATH

64

PHYSICIAN OR CORONER	Primary	Cerebral Apoplexy		How long	3 days
	Immediate	"		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			no	Address	
Accident or Suicide?		no		Calvert Co ^{md}	



Name
in
Full

Victoria Pully.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

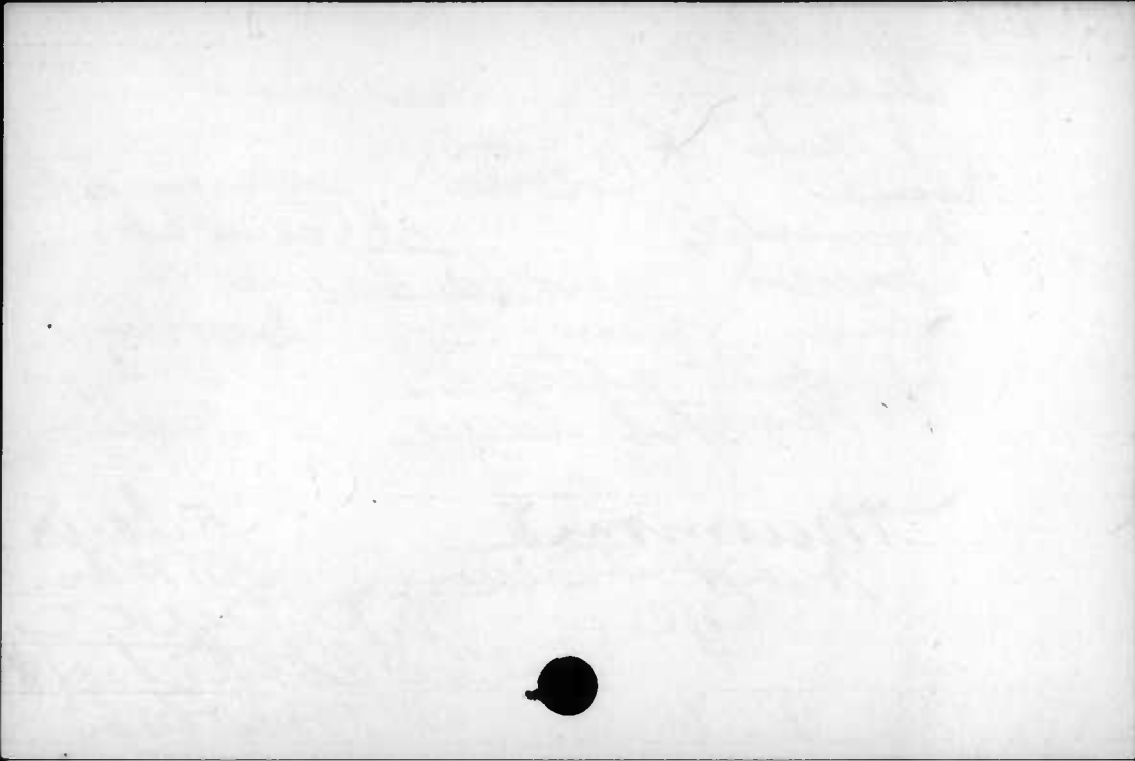
Died at		Arnold ^{Town} 3 rd dist		a a ^{County}		MARYLAND	
Date of death		1908	Month March.	Day 8	Age 19	Years	Months 4
Sex		Female		Color or Race		Colord.	
Occupation		Domestic		Where Residing if not at place of death		3 rd District	
Married, Single or Widowed		Single		Name of Wife or Husband		unknown.	
Father's Name		Phillip Pully.		Father's Birthplace		3 rd District	
Mother's Maiden Name		Victoria H. Redwood		Mother's Birthplace		3 rd District	
Name of person giving information		Charley Pully		How related to deceased		Brother	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Broncho-Pneumonia	How long	4 weeks
Immediate	Cardiac - Exhaustion	How long	2 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. D. Pully	
Address		60 Cathedral St. Annapolis Md	
Accident or Suicide?		No	



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

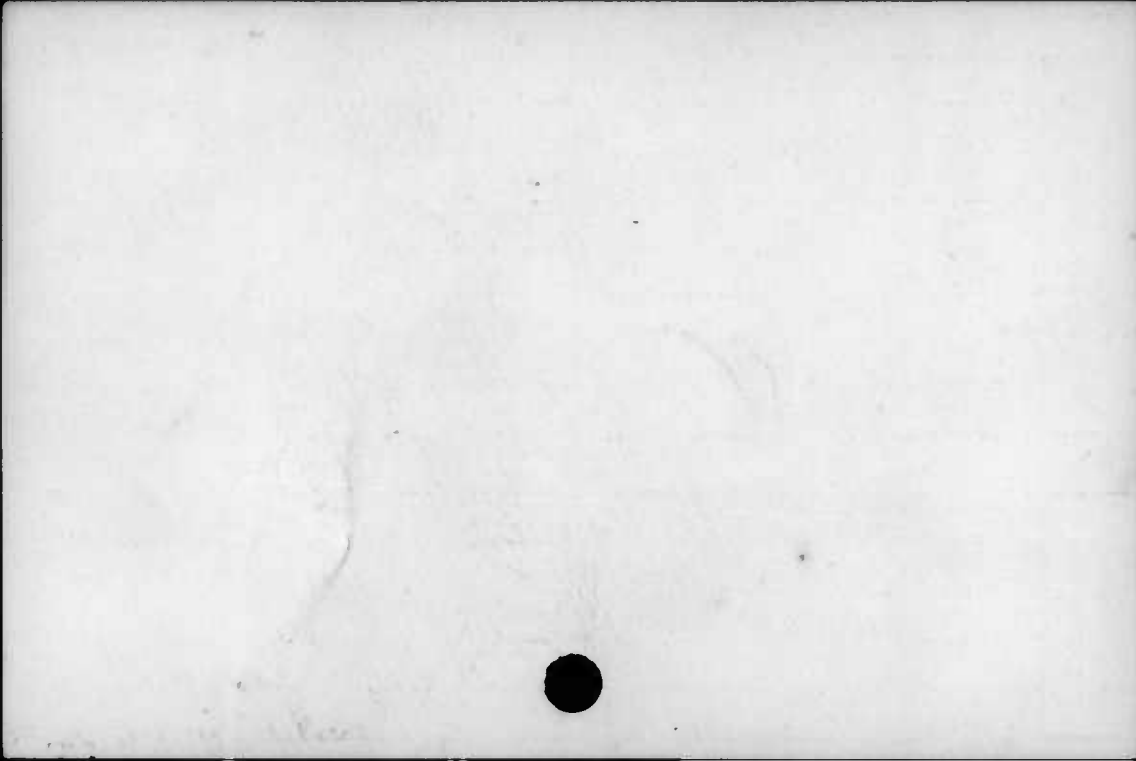
CERTIFICATE OF DEATH

Died at		Town of <i>Rock</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Date of death	<i>1908</i>	Month <i>8</i>	Day <i>2</i>	Age <i>40</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Washington, D.C.</i>
Occupation	<i>Domestic</i>			Where Residing if not at place of death		<i>63 Calvert St.</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Noble Queen</i>			
Father's Name	<i>John Henry</i>					Father's Birthplace	<i>Scott Island</i>
Mother's Maiden Name	<i>Elyzabeth E. Taylor</i>					Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Martha Queen</i>					How related to deceased	<i>Sister</i>

CAUSES OF DEATH

93

Primary	Pneumonia		How long	5 days
Immediate	Heart Failure		How long	30 min.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	D. D. Feller	
		Address	60 Cathedral Armadillo	
Accident or Suicide?	no			



Name in Full		James Kerell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		County		MARYLAND	
	Date of death	1908	Month	March	Day	21	Years
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Judge		Where Residing if not at place of death		Annapolis	
	Married, Single or Widowed	Widower		Name of Wife or Husband		Janie E. Cowan	
	Father's Name	Martin Kerell		Father's Birthplace		Virginia	
	Mother's Maiden Name	Mary Kerell Hohne		Mother's Birthplace		Annapolis	
	Name of person giving information	E. Ashby Brady		How related to deceased		Nephew	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Apoplexy				How long	Few minutes
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	W. C. Cramer
						Address	9 St. John St., Annapolis, Md.
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

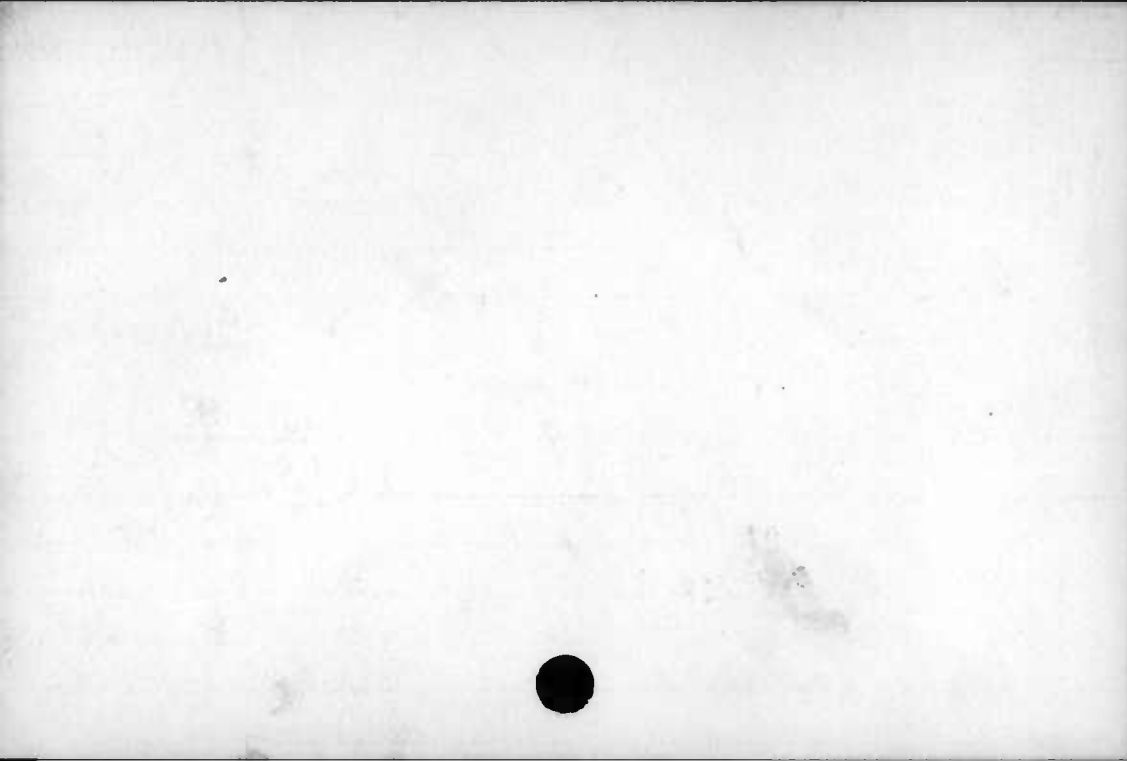
Died at <i>St. Margaret's</i>		Town		<i>Anne Arundel</i>		County	
Date of death <i>1908</i>		Month <i>March</i>	Day <i>29</i>	Age <i>83</i>	Years	Months <i>5</i>	Days <i>17</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>St. Margaret's Md.</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Horatio Ridout</i>				Father's Birthplace <i>Annapolis Md.</i>			
Mother's Maiden Name <i>Anne Evans</i>				Mother's Birthplace <i>A. A. Co. Md.</i>			
Name of person giving information <i>J. D. Ridout</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>15 days</i>
Immediate	<i>Coma</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. D. Ridout</i>	
		Address	
		<i>Annapolis Md.</i>	
		<i>R. F. B. 2101</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Zachariah D Ridout		Town Annapolis		County Anne Arundel		State MARYLAND	
Died at Annapolis		Month March		Day 10		Years 19	
Date of death 1908		Month March		Day 10		Age 19	
Sex Male		Color or Race White		Birth-place Anne Arundel Co Md			
Occupation Farmer		Where Residing if not at place of death Emergency Hospital Annapolis					
Married, Single or Widowed Single		Name of Wife or Husband 					
Father's Name Zachariah D Ridout		Father's Birthplace AA Co Md					
Mother's Maiden Name Ellen Messick		Mother's Birthplace A.A. Co Md					
Name of person giving information Zachariah D Ridout		How related to deceased Father					

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary Acute Suppurative Appendicitis	How long 6 days
Immediate Acute Suppurative Peritonitis & Shock	How long 4 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Walton H Hopkins M.D.
	Address Annapolis Md.
Accident or Suicide? 	



Name
in
Full

Geo. Edward Schultz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Harman</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	190 <i>8</i>	Month	<i>3</i>	Day	<i>28</i>	Age	<i>3</i> Years
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months	<i>3</i>
Occupation		Where Residing if not at place of death				Days	<i>4</i>
Married, Single or Widowed		Name of Wife or Husband <i>Pearl</i>					
Father's Name <i>Jacob Schultz</i>		Father's Birthplace <i>Switzerland</i>					
Mother's Maiden Name <i>Pearl Bredtinner</i>		Mother's Birthplace <i>Michigan</i>					
Name of person giving information <i>Jacob Schultz</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

(91)

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>two weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Mrs. P. Benson</i>	
<i>Yes</i>		Address <i>Hanover Md.</i>	
Accident or Suicide?			



Name
in
Full

Francas Scott

CERTIFICATE OF DEATH

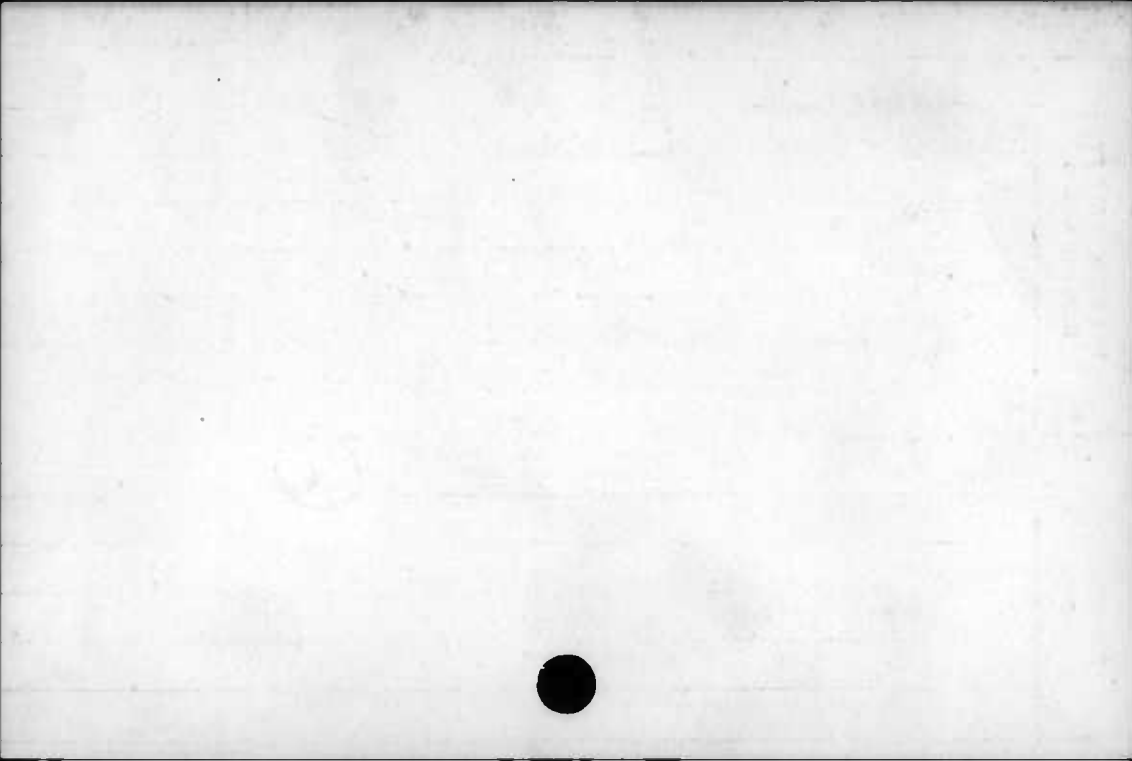
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Ann Arbor		Ann Arbor		Ann Arbor		Maryland	
Date of death	1908	Month	March	Day	6	Age	5-1
Sex	Female	Color or Race	Colored	Birthplace	A. A. Co. Md.		
Occupation	Domestic			Where Residing if not at place of death			
66 Cathedral St.							
Married, Single or Widowed	Married		Name of Wife or Husband				
J. W. W. Scott							
Father's Name	John Johnson			Father's Birthplace			
A. A. Co. Md.							
Mother's Maiden Name	Cecilia Evans			Mother's Birthplace			
A. A. Co. Md.							
Name of person giving information	Cecilia Parker			How related to deceased			
Sister							

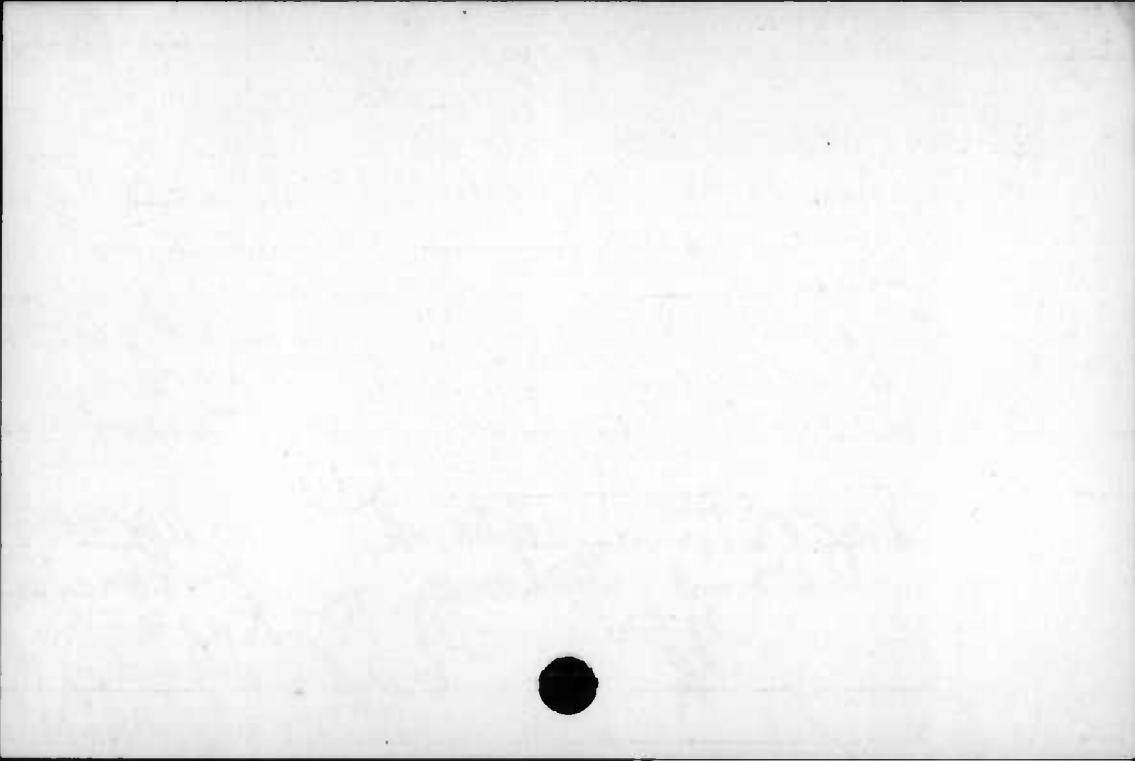
CAUSES OF DEATH

PHYSICIAN
OR CORONER

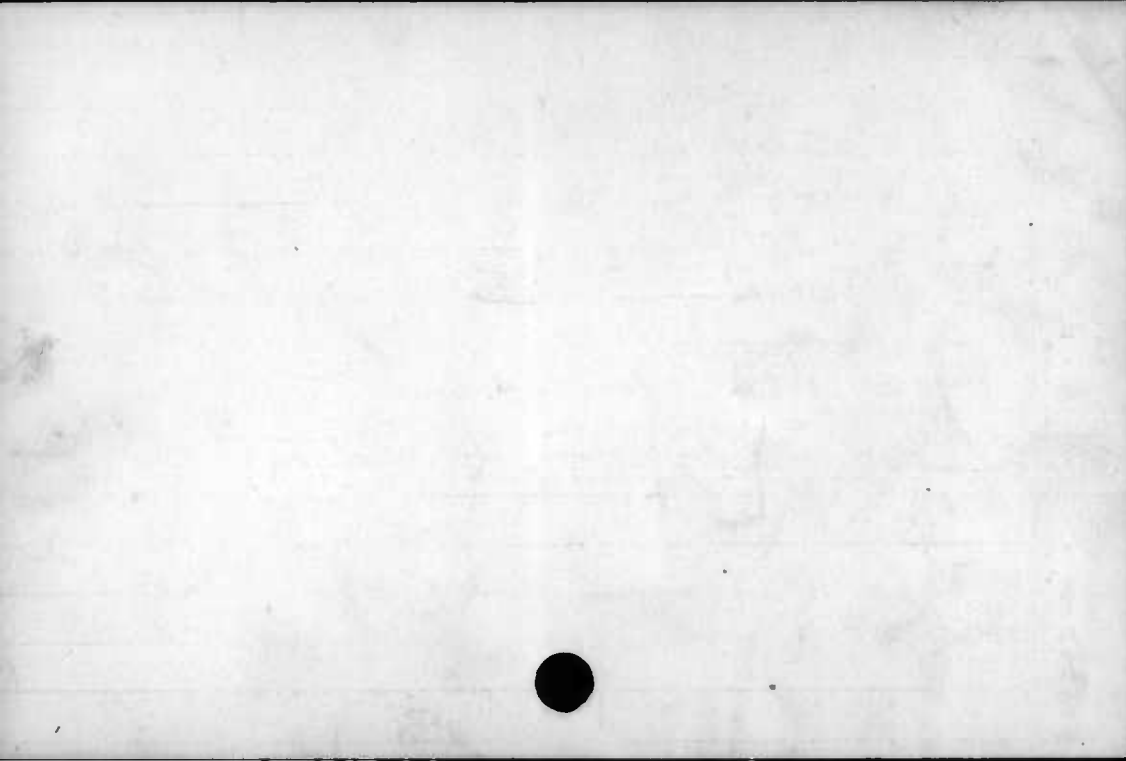
Primary	Hemiplegia		How long	6 months
Immediate	Exhaustion		How long	One week
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. P. D. Allen
			Address	60 Cathedral St.
				Ann Arbor, Md.
Accident or Suicide?	No			



Name in Full Melvin Scott		Town Shady Side		County A A		CERTIFICATE OF DEATH	
Died at Shady Side		Month Mar		Day 8		Age Years	
Date of death 1908		Months 4		Days 4		MARYLAND	
Sex Male		Color or Race Colored		Birth-place Shady Side Md			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Henry Scott		Father's Birthplace Md					
Mother's Maiden Name Mary Alice Scott		Mother's Birthplace Md					
Name of person giving information Henry Scott		How related to deceased Father					
<div>TO BE ANSWERED BY NEAREST FRIEND</div> <div>CAUSES OF DEATH</div> <div>95</div>							
Primary Pulmonary Congestion		How long 1 Day					
Immediate Pulmonary Congestion		How long 1 Day					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wes T. Smith					
		Address Churchton					
Accident or Suicide? —							



Name in Full		Carolina Sims				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		A. A. Co		Maryland			
		Date of death		Month		Day	
		1908		March		25	
		Age		Years		Months	
		5		6			
		Sex		Color or Race		Birth-place	
		Female		Colored		Calvert Co Md	
		Occupation		Where Residing if not at place of death			
		Domestic		Acton Lane			
		Married, Single or Widowed		Name of Wife or Husband			
Married		Benjamin Sims					
PHYSICIAN OR CORONER		Father's Name		Fether's Birthplace			
		Elisha Hardman		Calvert Co Md			
		Mother's Maiden Name		Mother's Birthplace			
		Unknown		Unknown			
		Name of person giving information		How related to deceased			
Benjamin Sims		Husband					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		How long			
		Intestinal Catarrh		6 weeks			
		Immediate		How long			
		Convulsions		4 hours			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
no		Address		60 Cedar St			
Accident or Suicide?		no		J. D. Keen			
				J. D. Keen			



Name
in
Full

Martha Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

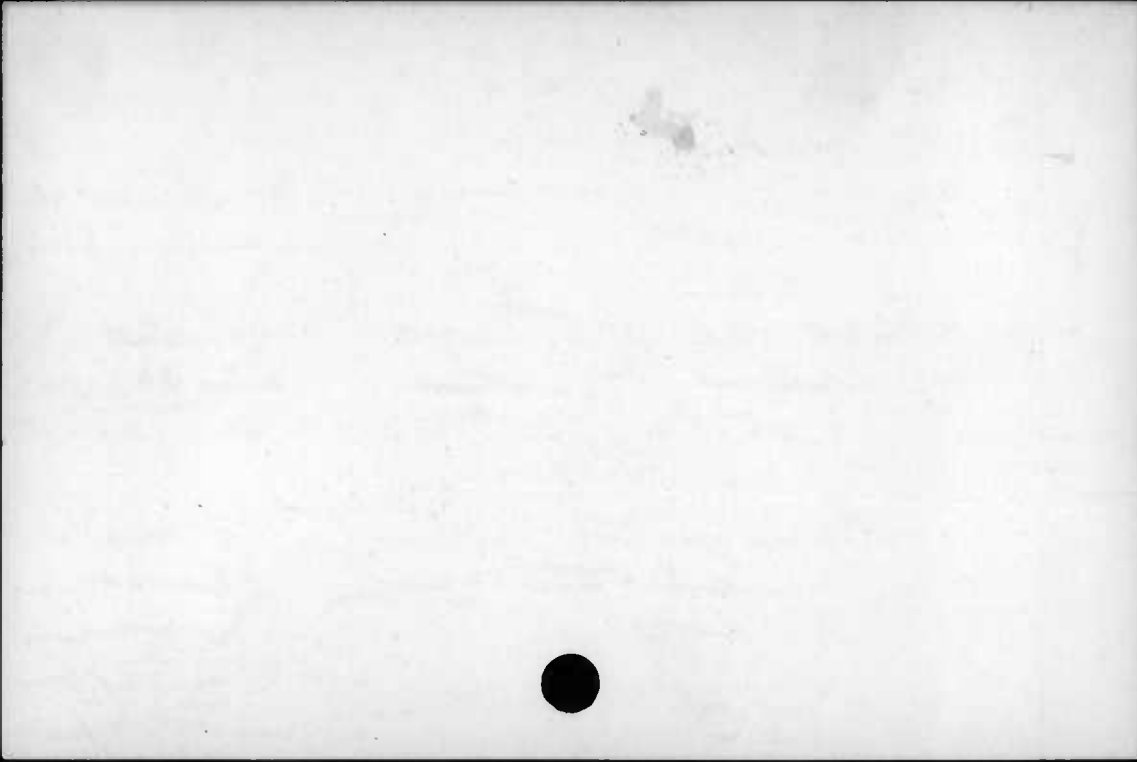
Died at <i>Mount Carmel</i>			County <i>Anne Arundel</i>			MARYLAND		
Date of death <i>1908</i>	Month <i>March</i>	Day <i>30</i>	Age <i>about 79 years</i>	Months	Days			
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>					
Occupation <i>Housewife</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nickolas Walker</i>							
Father's Name			<i>Jackson</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name			<i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Thomas Walker</i>						How related to deceased <i>Son</i>		

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>Zero years.</i>
Immediate	<i>Senile Gangrene</i>	How long	<i>Zero months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>James S. Beelingale</i>	
		Address <i>Armiger Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

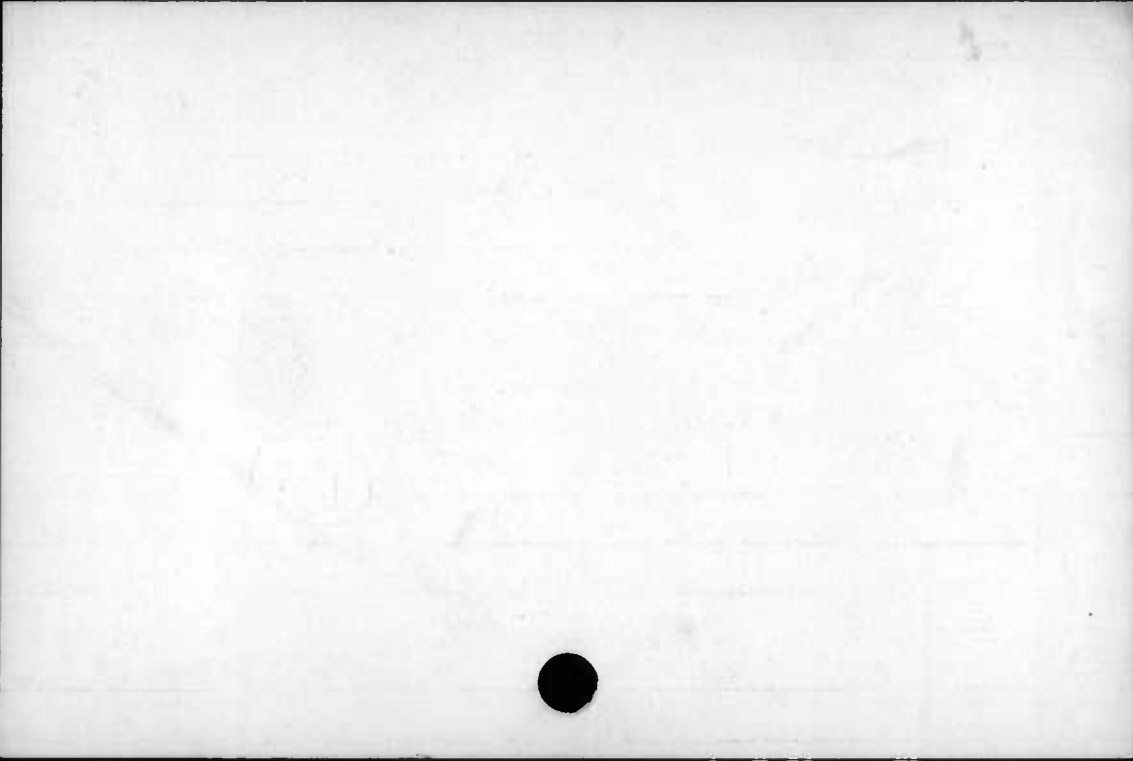
Died at <i>Polkman's Row</i>		Town <i>Polkman's Row</i>		County <i>A.A.</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Mar</i>		Day <i>11</i>		Age <i>1</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Polkman's Row, A.A.</i>		Months <i>1</i>	
Occupation <i>Not any</i>		Where Residing if not at place of death <i>Polkman's Row, A.A.</i>		Years <i>1</i>		Days <i>1</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Not any</i>		Father's Birthplace <i>functional</i>		Mother's Birthplace <i>ad. of B. and</i>	
Father's Name <i>George Watkins</i>		Mother's Marden Name <i>Mary</i>		How related to deceased <i>Father</i>			
Name of person giving information <i>George Watkins</i>							

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>congenital debility</i>	How long	<i>one day</i>
Immediate	<i>24 hours</i>	How long	<i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. D. Taylor</i>
		Address	<i>60 Catherine St</i>
Accident or Suicide?	<i>No</i>		<i>Anna Polk</i>



Name
in
Full

Edmund Lord Woodside

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel Co</i>		MARYLAND	
Date of death <i>1908 March 1</i>		Month <i>8</i>		Day <i>1</i>		Age <i>36?</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Edmund Woodside</i>		Where Residing if not at place of death <i>Annapolis</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edmund L. Woodside</i>		Father's Birthplace <i>Baltimore Md</i>					
Mother's Maiden Name <i>Margaret Porter</i>		Mother's Birthplace <i>Baltimore Md</i>					
Name of person giving information <i>James B. Woodside</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

158

PHYSICIAN
OR CORONER

Primary	<i>Drowning</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>Walton H. Hopkins M.D.</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide? <i>Suicide</i>			

